STATE OF MARYLAND

112-11-1397

05824

peral director, page 3 n 72 hours after death

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEDTIEICATE OF DEATH

	1-	FOR STATE REGISTRAR		DEPART		ICATE OF DEA		IENE 8 /REG. N	0.	5 6	07	
		CEASED NAME FIRST		WIDDLE	- 1	LAST		20 DATE OF DEATH	MONTH D	AY YEAR	26. HOUR	
-	LIABE	OR PRINT) CHEST	ER TA	AYLOR	ARI	NOLD		June	e 22,	1987	2:04	P
	3. SEX		4. RACE	IIIOR	5. DATE C			6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR		
		Male	Whi	te	Jan	h. 16,	1932	55	YRS.	ONTHS DAYS	HOURS M	AIN,
per		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MA	RRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH		
-		Maryland	U.S.	A .	WIDOWE		RCED [Allega	any			M
1		ty or town of DEATH umberland	(IF NOT IN SU	HOSPITAL, NURSIN CHFACILITY, GIVE STREET Lal Hospi	ADDRESS)	OR OTHER INSTITU	NOITU	176. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF			BUSINESS	OR
-	USUA 130. S	AL RESIDENCE (IF NURSING HOME OF TATE 136. COU	R OTHER INSTITUTION		E ADMISSION)	13d. INSIDE CITY	LIMITS?	13e.STREET ADDRESS Rear 5	5 ZIP CODE 2nd	St.,	2153	2
1		THER'S NAME				15. MOTHER'S M	AIDENNAA					
0)	Zackariah	MIDDLE	rnold		EÏ	izabe	eth MIDDLE	La	yman '	51	
F		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166. SOCIAL SECL	JRITY NO.	17. INFORMANT		ADDR	SS			
		YES, NO OR UNKNOWN) (IF YES, GO	iknown	212-32-	7913	Jo An	n Arr	10 ld, Sar	10 25	13e		
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)_	CARDIA CARDIA ORAS A CONSEQUI	ENICE OF	ARTERI			e			
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO						DITION GIVE	N IN PART 1	a:	_
	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	NED	200 AUTOPSY?		WERE FINDI		
>		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DF INJURY .M. MONTH D. .M.	AY YEAR	21c. HOW INJUI	RY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC)	21f LOCATION		CITY OR TO	WN	COUNTY	STATE	
	1	2201 certify that III (this hosp saw the decreased blive or above, (I) (we) (did) (did)		19	, 01		r) opinion o	to leath occurred on the de	ate and hour		that (I) (we)	
		77b SIGNATURE	20	il	11	PHI	ENDING PSICIAN	MEDICAL STAI		G/	23/8	2:
		Dr. Torres	1					al Hospita land, MD 2		cal Bu	ilding	1
	69. 0	COMPAN OF STREET, STRE	Tan mere	100.7	AND SHOW YOU AS	and the second second second second		AND A SAME OF BUILDING				

Frostburg

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: # #

Purst Funeral Home, Frostburg, Md.

June

Mom. Park Frostburg, Allege

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Dur on strained House, Proceeding ad-

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	00
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	-3-8
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director. page 3) should be detached for use as the burial-transit permit. Then please remove carbon perpers. Pages 1 and 2 should be fulled within 72 hours after death with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examiner must be called at a ce.	1 21

	8.9	FOR Scarpelli	Funera	1 Home	STAT	E OF MARYLAND BEALTH AND MENTAL HYG	IENE			
	- 1	STATE REGISTRAR Cumberlar	nia Ave	21502		ICATE OF DEATH	8 /REG. NO	. 5	6 (8 (
		CEASED NAME FIRST OR PRINT)	N	AIDDLE	ï	AST	2a. DATE OF DEATH	MONTH DAY	YEAR 2b.	HOUR
		Albertha Za		ett	T		June 30,	1987	IDED LUCID OF	UNDER 24 HRS
	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	MONTH	- Brenn - Brenn -	OURS MIN.
		female	whit		1	J7-12-1911	75	YRS.	DEATH	
0	C	OUNTRY) MD	USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY O Allegany			MD.
2	10 CT	Cumberland	(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET AND HEART	ADDRESS)	Tal	OUSEWITE (TYPE OF WORK FOR MOST OF NOUSEWITE	F WORKING LIFE) IN	26. KIND OF BU NOUSTRY OWN N	
36	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE MD 13b COUT	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 136. CITY OR TOW CUMBET	ADMĪŠSĪON)	138. INSIDE CITY LIMITS?	130.STREET ADDRESS /	zp cope ederick	Street	/21502
	14 FA	THER'S NAME		LAST		15. MOTHER'S MAIDEN NAM			LAST	
17		Hayes	Zies	LASI		F]	lorence Bist		CASI	
1		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES. GIV	MED FORCES?	166. SOCIAL SECU 218 -01-		Mrs. Nelda	J. Andrews		land,	MD
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per	lige for (a), (b), on	d (c). 1				APPROXIMAT BETWEEN ONSE	E INTERVAL ET AND DEATH
		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0)	Cleut	e	H. L.				
				R AS A CONSEQUE	ENICE OF	/-				
		Conditions, if any, which	(b)	1 ty	Doc A	enten -				
		gove rise to immediate cause (a), stating the	DUE TO, OF	R AS A CONSEQUI	ENCE OF	1/00				
		underlying couse lost.	(c)							
	z	PART 2 OTHER SIGNIFICANT	conditions <u>cc</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART 110	
	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WI	ERE FINDINGS	SUSED
7	IFIC						YES NO	IN CERTIFYING	-	DEATH?
a	ICAL CERT	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURE	D {ENTER NATURE OF INJURY IN ITEM 18 PART		OR PART 2)	
	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME STR	OF INJURY REET FACTORY, OFFICE, F	FARM ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		220.1 certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no			37	nd that in (my) (aur) apinion	death accurred on the de	ote and hour an		it (I) (we) lost uses stated
		22b. SIGNATURE	and	ev	u	DEGREE ATTENDING PHYSICIAN	DICAL STA	FF IAN 🗍	6 3 C	
1		224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS				
1		Dr. Uriel	Velandi	.a		924 Seton Dri	ive Cumberl	and, MI	2150	2
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				CEMETERY OR CREMATORY est Burial Par	23d LOCATION	cc	ounty egany	STATE
B4	24 FI	JNERAL DIRECTOR	1				E REC'D. BY REGISTRAR	25b. REGISTRAR	'S SIGNATUR	E
D4		James F. Scarpe	lli, Cum	berland,	MD 2	1502	_ U6 1987	- Dect	lion-Adm	dell.

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DIVISION OF VITAL RECORDS, 201 M. PRESION SI., BALLIMORE, MARILLAND SIZO	5
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retained by the hospital or attending physicion.	
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with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.	

STATE OF MARYLAND

1.	FOR SJATE REGISTRAR			DEPARTN		ICATE O	D MENTAL HY	GIENE 8	REG. NO	. 1	5	6	0	4
(TYPE	-W0	SÍLAS ODROW	5	ODDROW HLAS	BE	NNET'	ŗ	19			DAY 09	YEAR	26 HOUR	, v
. SE	X		4 RACE		5. DATE C		YEAR	6. AGE (III	YEARS LAST BIRT	HDAY)	MONTH	DER I YEAR	HOURS	MIN,
_	ALE		White		02	05	13			4 YRS				
	RTHPLACE (STATE OR F COUNTRY) Pennsylvani		U.S.A.	WHAT COUNTRY?	MARRIE WIDOWE		R MARRIED DIVORCED		GANY C			EATH		MD
	MBERLAND	ATH .	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A HOSPI	ADDRESS)	OR OTHER IN	NSTITUTION	(TYPE OF WO	LOCCUPATION FOR MOST OF	WORKING L	IFE) IN	DUSTRY	ratio	
13a. S	AL RESIDENCE (# NURS STATE Maryland	13b. COUN		GIVE RESIDENCE BEFORE 131. CITY OR TOWI Cumberla	N _	13d. INSIDI YES 🄀	CITY LIMITS?	13e.STREET	ADDRESS / Beall	ZIP COD	E		502	
4. F.A	Silas		AIDDLE	Bennett			er's maiden na First Bertha	AME	WIDDIE			Pot		
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	166. SOCIAL SECUI 214-07-6		17. INFOR	MANT Bennett	- Add	ADDRE		as :	#13 a	above	
Z	Conditions, if ony, gove rise to imm couse (a), statin underlying cause	nediate ig the lost.	(b) DUE TO, OI	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM					erminal disease or condition given in p.					
CERTIFICATION	190. DATE OF OPERA	TION	₩b. CONDI	TION FOR WHICH	OPERATIO	N WAS PER	FORMED		TOPSY?	IN CERT			GS USED OF DEATH	1?
MEDICAL CERT	21a. ACCIDENT WAS UNE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEA	P 21e. PLACE	M. MONTH DA M.	Y YEAR 19	211 LOCA	INJURY OCCUP		-	Y IN ITEM 18	PART 1 O	OUNTY	STA	ATE
	22a. I certify that (I) sow the decease above, (I) (we) (C 22b. SIGNATURE	(this hospited olive on.		6-9198	1	nd that in (n	2, 19 B ny) (our) opinion	death accur				from the	SIGNED	
?3a. 6	22d, PHYSICIAN'S NA DR BARRE BURIAL, CREMATION,	RA	PRINT)	23c. N	IAME OF C			ed. Bl	dge -C		rlar	-	16 -87 Maryla	and

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event the

Burial

6-12-87 ^{24 FUNERAL DIRECTOR} George-Upchurch Funeral Home, P.A. 202 Greene Street-Cumberland, MD 21502

Fairview Christ.Ch.Cem. Artemas-Bedford-Permisyloneral Home, P.A. Jun 15 1987 Artemas-Bedford-Pennsylvania

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours of retained by the hospital or attending physician.

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IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical exemines

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CTATE OF MARYLAND

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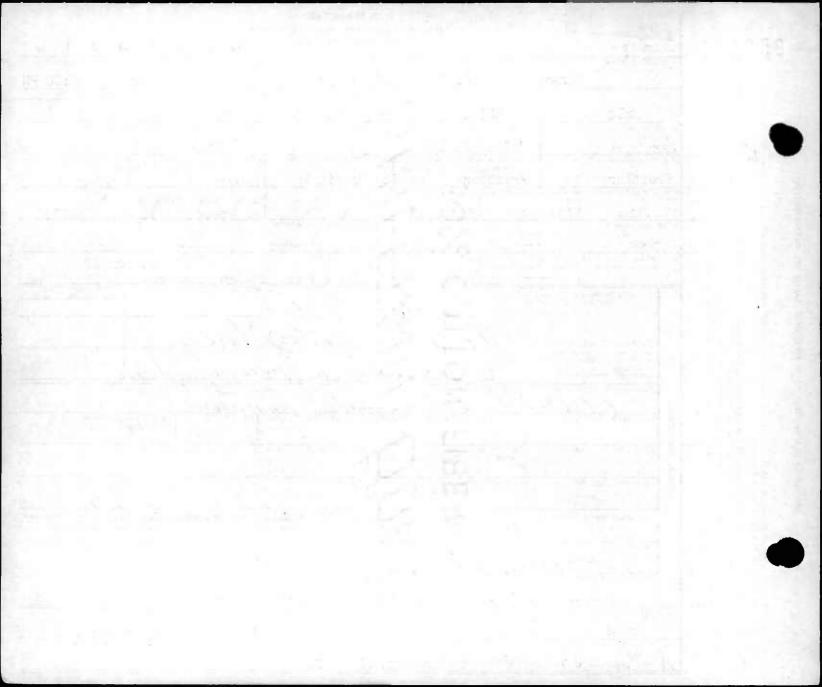
8	REG. N	10.	5	6	1	0
ATE O	F DEATH	MONTH	DAY	YEAR	2h HC	LIR

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Herman Baer Bittinger 6 3. SEX Male White White Maryland United States United States Widowed Frostburg Wisual Cocupation (If Not in such facility, give street address) 13. STATE USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STATE USUAL RESIDENCE 13. COUNTY Maryland Allegany Frostburg Maryland Allegany Maryland Allegany Maryland Allegany Frostburg Maryland Allegany Maryland Allegany Maryland Allegany Maryland Allegany Maryland Allegany Maryland Maryl	P CODE
Male White Month 4 20 14 73 Maryland Maryland Month Frostburg Widoward Wido	VRS. MONTHS DAYS HOURS MIN. OUNTY OF DEATH UNTY MD. PRING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Tabor P CODE
Male White 4 20 14 73	OUNTY OF DEATH UNTY MD. PRING LIFE) 178. KIND OF BUSINESS OR INDUSTRY Labor P CODE
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Frostburg Community Hospital Laborer State State	Labor
USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. STATE 136. STREET ADDRESS / ZIP 137. STATE 138. STREET ADDRESS / ZIP 148. INSIDE CITY LIMITS? 138. STREET ADDRESS / ZIP 148. TRANSPORT NAME 158. MOTHER'S NAME 158. MOTHER'S NAME 158. MOTHER'S NAME 158. FIRST 158. MOTHER'S NAME 1	P CODE
Maryland Allegany Frostburg YES NO 13 Frost RVi Maryland Allegany Frostburg YES NO 13 Frost RVi Joseph Bittinger Elizabeth	
Joseph Bittinger Elizabeth ——	
Joseph Bittinger Elizabeth	11agc 21332
	LAST
	Broadwater
	2, Box 198
No 214 28 6523 Cherryl Ann Bowman Swanto	on, MD 21561
18 CAUSE OF DEATH (Enter only one couse per line for (d), (b), and (c) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 10) and dille Wille	
DUE TO, ORAS A CONSEQUENCE OF	
Conditions, if ony, which	
gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF	/
underlying couse last. Sulminum Edema aman alim a	heins
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 110'
of ODE pres my main mandin	
THE DATE OF OPERATION WAS PERFORMED 200 AUTOPSY? 200 IN CONTINUE OF INJURY 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN IT	b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH?
YES NO	YES NO
216. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 21C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN IT	ITEM 18 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.	
71d INJURY OCCURRED 21e PLACE OF INJURY 21I LOCATION	COUNTY STATE
WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	O - STATE
276 1 certify that (I) (this hospital) ettended the deceased from 1981, to 1100 A	that (I) (we) last
sow the deceased alive on 19 and that in (my) (our) apinion death accorded on the date or obove, (1) (we) (did) (did not) yew the body after death.	and hour and from the causes stated
22b. SIGNATURE DEGREE	22c. DATE SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	·n
724 PHYSICIAN'S NAME IT IN CHANGE	
Shin E. Kim, M.D. Westernport, MD 21562	
230. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	COUNTY STATE
(SPECIFY) CITY OR TOWN	Garrett MD
Burial 6/29/% 87 Frinity UCC Cemetery Grantsville	REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4

(VRA 15, 4)

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71	JUN 10	17	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 7 REG. NO.	5 6	1 1
e c	った		CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
y b	poge s	_	DOROTHY	CARROLL		BORDEN	JUNE 4, 1987		115 AM
4 moy	offer	3 SE	(4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
ego	urs of the control of		Female	Caucasion	3	30 1904		(RS	
a 7	2 ho		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO		
deat	Pin 7		New York	USA	WIDOWE		ALLEGANY COL		MD.
executed within 24 hours ofter death.		1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET SACRED HEART	ADDRESS)		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK Homemaker		F BUSINESS OR
4 hour	4 187	USU. J3a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV	E ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP		502
in 2		-	Id All	egany Cumber	land	YES NO NO NA	646 Washing	ton St.	
W.T	exemin 2	gi. rx	FIRST	MIDDLE LAST		FIRST	MIDDLE	LASI	
uted		77	James	Carrol RMED FORCES? 166 SOCIAL SEC		Catherine	ADDRESS	Burke	
	rs. Page.		VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (1F YES, GI	ve war or dates) 217-54		Ms. Carro	aughter)1435	2Tridel	Shia6 _{Mil}
low requires that the death certificate be	s been signed by the affending physicio permit. Then pleass removes corbon papers by prior to burial, cremation, or removal s ony injury, or other troumatic event, the	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) di 1 CONSEQUE (c) CONDITIONS CONTRIBUTING TO LONG CONDITION FOR WHICH	ENCE OF ADEATH BUT	ny of stry, nd atrial or NOT RELATED TO THE TERM), congestive	NINAL DISEASE OR CONDITION 1200 AUTOPSY? 200.	Mont N GIVEN IN PART 1:0 IF YES, WERE FINDIN JERTIFYING CAUSES	GS USED
The Con.	Hygiene Hygiene	RIF	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		Tate HOW INTURY OCCUR	YES NO	YES 🗌	NO
CIAN: 9 phys	certifico priol-francentol Hy lem 18	-	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	THE HOW INJURY OCCUR	KED (ENTER NATURE OF INJURY IN THE	M IB PART I OR PART 2)	
G PHYS	After this of e os the burell of the ond Me	MEDICAL	21d INJURY OCCURRED WHITE NOT WHITE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Spital or	CTOR. Att		220. I certify that (I) (this hasp sow the deceased plive or above, (Dwe) (Gid (did no	ottended the deceosed from. 19 19 19 19 19 19	82,0		deoth occurred on the date on	d have and from the	
	RAL DIRE detacher tote Dep		226. SIGNATURE	Circh UND		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN (6/4/	167
HOSPITAL	should be deto with the State [IMPORTANT: If		226 PHYSICIAN'S NAME (TYPE	OR PRINT)		27e ADDRESS		PR 83 40- 1 40-	0.000
TO HOS	MA With		urial, cremation, removal	L 23b. DATE 23c	NAME OF C	BMG 912 SETC	N DRIVE, CUMBE		
BP_			Removal	6-4-87			CITY OR TOWN	COUNTY	STATE
	16 60M 7/84	24 F	INERAL DIRECTOR	ADDRESS			NECO AY REGISTRAR 256 R	EGISTRAR'S SIGNAT	URE
(VK	A 15, 4)		State Anato	omy Board Ba	ltime	ore, Md.			7

ATTERS OF SEATTLE

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STATE OF MARYLAND

ALTH AND MENTAL HYG	IENE 8	/ REG. N	0.	5	6	1 4
Т	2a. DATE C	OF DEATH		DAY	YEAR	2b. HOUR5:00
o CITI	Torre		100			P. M
BST		e 5,		IF UN	DER 1 YEAR	IF UNDER 24 HRS
02-20-1913	I. AOL (III		THEAT	MONTH		HOURS MIN.
02-20-1913		74	YRS.			
□ NEVER MARRIED □	9. BALTIM	ORE CITY C	R COUNT	YOFL	DEATH	
DIVORCED [A11	egany			MD.
OTHER INSTITUTION		OCCUPAT	ION	12		F BUSINESS OR
		ired	F WORKING	I	Elks	Lodge
3d INSIDE CITY LIMITS? YES MO [ADDRESS Fort	ZIP CO	PE Αν	venue	/21502
5. MOTHER'S MAIDEN NAME FIRST La	_{ura C}	rites			Į.A.S	T
17. INFORMANT		ADDR	ESS			
Mrs. Violet	V. Bo	ore -	Cumb	erla	and,	MD
				T	APPROX	IMATE INTERVAL ONSET AND DEATH
PIRATORY	FA	164	RE		DETWEEN	ONGET AND DEATH
TABOLIC E	NCE	PHAC	OPA	777	9	
IOT RELATED TO THE TERM	INAL DISEA	SEORCON	DITION G	IVEN I	V PART 10	0.
ABDOMINA						
WAS PERFORMED	20a AU1 YES	NO [IN CERT			NGS USED OF DEATH? NO
21c. HOW INJURY OCCUR	RED (ENTER P	NATURE OF INJU	JRY IN ITEM 18	3 PART 1	OR PART 2)	
211 LOCATION STREET		CITY OR TO	OWN	(COUNTY	STATE
. 19	, ta			. 19_		that (I) (we) last
that in (my) (aur) apinion	death accur	red on the d	late and h	aur ond	from the	causes stated
EGREE		TT			22c. DAJE	SIGNED
ATTENDING PHYSICIAN	MEDIC A	R PHYSI	CIAN 🗔		6/6	187
22e ADDRESS Memor	ial Ho	spita	1 Med	lica	1 Bu	ild/ing
Cumbe	rland,	, MD 2	1502			

MESENTERIC ISCHEMIA; ABOMINAL AURIC 100 DATE OF OPERATION 100 CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AUTOPSY?		1 -	FOR STATE REGISTRAR			DEPART		EALTH AND I	MENTAL HYG DEATH	SIENE 8	REG. N	10.	5	6	1 %
1. SEX	i,			FIRST	M	IDDLE	L)	AST		2a. DATE	OF DEATH	MONTH	DAY	YEAR	26. HOUR5:00
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WV USA WIDOWED A DIVORCED ALLEY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (FHOT IN SUCH FACILITY, GIVE STREET ADDRESS) CLIMBER LAND ALLEY OSUAL RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION) (FHOT IN SUCH FACILITY, GIVE STREET ADDRESS) 136. STATE 1186. COUNTY MD Allegany 134. CITY OR TOWN Allegany 134. EAST 15. MOTHER'S MAIDEN NAME FRIST James Smith 15. MOTHER'S MAIDEN NAME FRIST Laura Crites 14. FATHER'S NAME FRIST Laura Crites 15. MOTHER'S MAIDEN NAME FRIST Laura Crites 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (17. S. NO OR LUMMONOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for rol., (b), and rol.) PARTI. DEATH WAS CAUSED BY: CONDITIONS ON THE PARTI. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS 176. INJURY OCCURRED 178. INJURY OCCURRED 179. INJURY 179. 179.		-2	female					02-20	-1913			YRS			
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160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 124-07-3904 Mrs. Violet V. Boore - CONTRIBUTION 17. INFORMANT ADDRESS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c,) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) OUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave rise to immediate cause (a), stating the underlying cause lost. OUE TO, OR AS CONSEQUENCE OF	14	4. F.A		Tames	Smith	LAST		15. MOTHER			Crites			Į.A.S	ST
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		MEDIC					FARM, ETC)				CITY OR 1	OWN	(COUNTY	STATE
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DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL Burial 06-08-1987 24 FUNERAL DIRECTOR

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

Dr. A. Torres

231. NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park

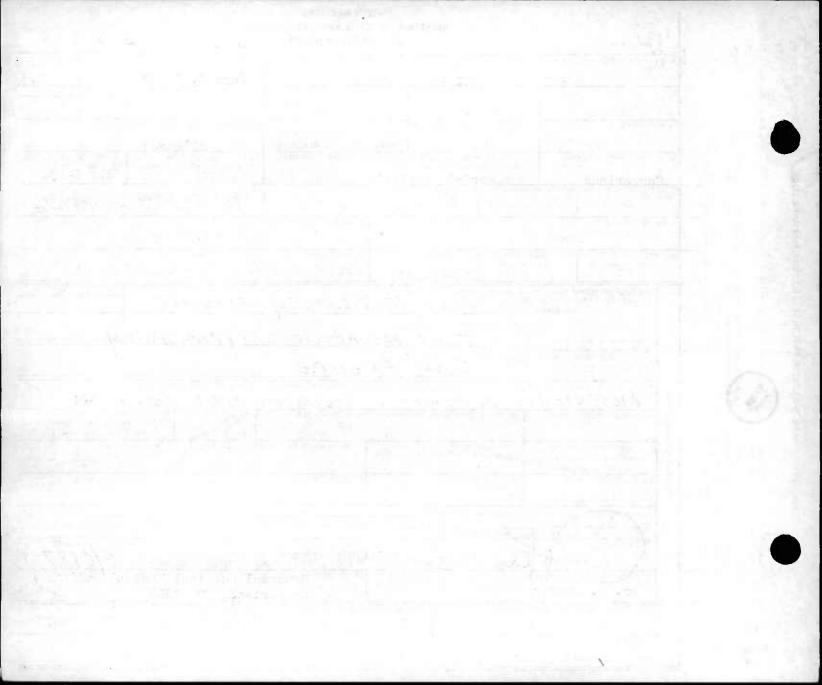
23d. LOCATION
Curvertown
Cumberland

25a DATE REC

Allegany BY REGISTRAR 256. REGISTRAR'S SIGNATURE

James F. Scarpelli, Cumberland, MD 21502

236. DATE



역하다 전문장 Billion (PCC) 상당 기원(전) WIND THE WARELIA Detroit in the second s ENGLE, CONTRACTOR OF THE CONTRACTOR OF T

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pog a dec	3 SE)	HELEN	LOUISE 14 RACE		RNS OF BIRTH	6. AGE [IN YEARS LAST BIRTHDAY]	IF UNDER 1 YEAR IF UNDER 24 HRS
ctor.	E	male	White	MOM C M	rch 19,1927	60 YRS	MONTHS DAYS HOURS MIN.
Pag Hour	To BI	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
# 6 A		ountry) ryland	U.S.A.	WIDOV	/ED DIVORCED	ALLEGANY COUNT	Y MD.
other d	1	ry or town of DEATH mberland	11. NAME OF HOSPITAL, (# NOT IN SUCH FACILITY G	NURSING HOME	OR OTHER INSTITUTION	17a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING Teacher	12b KIND OF BUSINESS OR INDUSTRY Education
hour de s	USU	L RESIDENCE (IF NURSING HOME OF		ICE BEFORE ADMISSION	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CQU	OF.
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edice edice			IVE WAR OR DATES)	AL SECURITY NO.	17 INFORMANT		wson, MD 21204
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the o		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CO	ASCOUENCE OF			7
that d by ease al, cr		underlying cause lost.	(c)	mou	ie allog	colesia	
uires agne en pl a buri ury, c	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	NG TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 110
een s iit. Th ior to	CERTIFICATION	Ha DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATE	ON WAS PERFORMED	200 AUTOPSY? LOB. IF Y	ES, WERE FINDINGS USED
n. nos b perm ne pr	FIC	,	,			INCERT	IFYING CAUSES OF DEATH?
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hys company of the co	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (41 HOME STREET, FACTOR)		211 LOCATION	City Of TOWN	county state
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OR DIRI		278 SIGNATURE	/eli		ATTENDING	MEDICAL STAFF	6/8/27
SPITAL I by the VERAL I be deto be deto E State I TANT: If		77d. PHYSICIAN'S NAME ITYPE	OR PRINT)	n	PHYSICIAN [DIRECTOR PHYSICIAN	170/0/
HO Puld OR Shah		RUAL FELIPA, M			925 BISHOP W	ALSH DRIVE, CUME	REDIAND_MD 21502
Short With With	23a E	URIAL, CREMATION, REMOVA		731 NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	
BP	I	Speciery Burial	6-11-87	Hiller	est Burial Par	k Cumberland-Al	legany-Maryland
DHMH - 16 60M 7/84		INERAL DIRECTOR George	e-Upchurch Fu	neral Ho	me, P.A. 250 DA	F REC'D BY REGISTRAR 256 REGI	STRAR'S SIGNATURE
(VRA 15, 4)	_2	02 Greene Stre	et-Cumberland	. Maryla		UN 1 5 1987 Jul	in Devider Rondon

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CEDTIEIC ATE OF DEATH	

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DEPARTMENT	OF H	EALTH	AND	MENTAL	
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7 REG. N	10.	5	6	1	5
E OF DEATH	MONTH	DAY	YEAR	2Ь	HOUR

71 -	FOR STATE REGISTRAR			DEPARTM		EALTH AND	MENTAL HYG DEATH	SIENE 8	7 REG. NO		5 6	1	5
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3. SE			RACE		5. DATE C	OF BIRTH		6. AGE (IN	YEARS LAST BIRT	HDAY)	IF UNDER 1 Y	EAR I	IF UNDER 24 HRS
MI	ALE		WHITE		MONTH 04	17	20	67	61	XXRS.	MUNTHS	AYS I	HOURS MIN.
	RTHPLACE (STATE OR	FOREIGN I	b. CITIZEN OF	WHAT COUNTRY?	8.	NI NEVED	MARRIED	9. BALTIM	ORE CITY OF		Y OF DEATH	1	W LO
	st Virgini	a	U.S.	Α.	WIDOWE		NORCED	ALL	EGANY	COUN	ITY		MD.
	TY OR TOWN OF DE	ATH	(IF NOT IN SUC	HOSPITAL, NURSING	DDRESS)	OR OTHER IN	NOITUTION	(TYPE OF WO	OCCUPATION RK FOR MOST OF	WORKING L	IFE) INDUST	RY	business or ompany
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	WV	Min	eral	Ft. Ashb		YES 🗌	NO NO	P. (ADDRESS / O. Box		DE 99	267	19
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	YES, NO OR WUKNOWN)		WAR OR DATES)	220-10-4			L. Car	nan, P	. О. В	ox 96			shby, WV
Z	Canditions, if any gave rise to im cause (a), stati underlying cause PART 2. OTHER SIG	mediate ng the last.	(c)ONDITIONS CO	R AS A CONSEQUE	NCE OF	NOT RELATE	D TO THE TERM	MINAL DISEA	SE OR COND	OITION GI	VEN IN PART	T I I a	
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MEDI	21d. INJURY OCCUR WHILE NOT W AT WORK AT WO	HILE [7]	21e. PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCAT STREE			CITY OR TOV	~	COUNTY		STATE
	27a. I certify that (I saw the decease obove. (I) (we) (I saw the decease obove. (I) (we) (I saw the s	ed alive and did) (did not	view the body	19		DEGREE 22e. ADDRE	ATTENDING PHYSICIAN [SS	MEDICAL		-			
	BURIAL, CREMATION SPECIFY Buria		23b. DATE 6/12/				CREMATORY	23d. LOC	Y OR TOWN	Hamn	COUNTY	T.	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

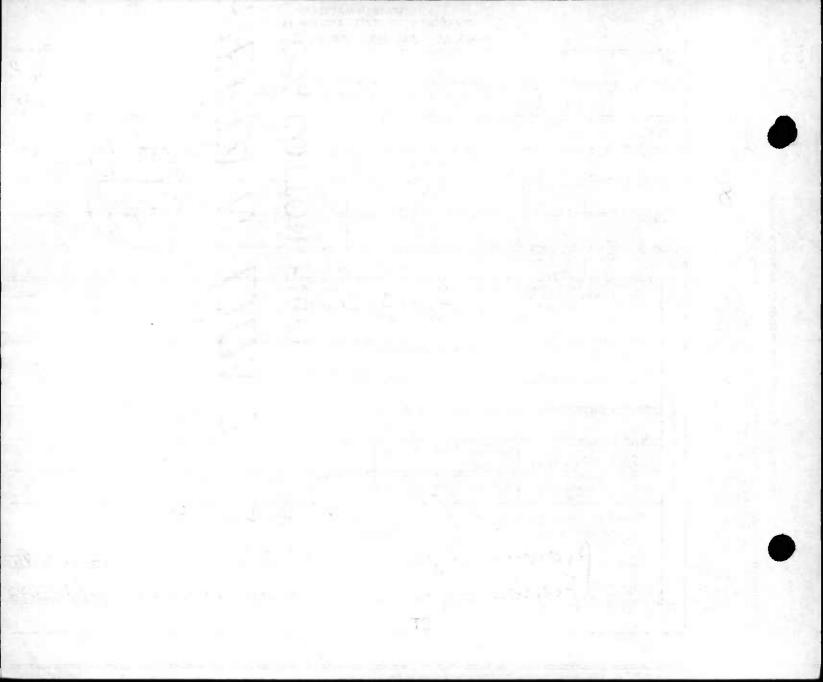
MPORTANT: If Item 21 is marked or Item 18 shows ony injury, ar other train TO FUNERAL DIRECTOR: After this certificate has been signed by the a should be detached for use as the burial-transit permit. Then please remover the State Dept. of Health and Mental Hygiene prior ta burial, cremating

> J. Blaine Schaeffer, Romney, WV 24 FUNERAL DIRECTOR

ISTRA A RE STRAR'S SIG

20 100 11 11 STRUCK ANDREW CHARLES

	1.	FOR		STAT		ARYLAND AND MENTAL H	YGIENE			
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XY, PEASI DIRECTOR DUR FILES 72 HOURS		SEX A RACE	5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA	Y) MONTHS	DAYS HOURS	24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	JUNE 2		2d. HOUR
S.NEGSSARY, PLEASE F.D.NERAL DIRECTOR. S. FOR YOUR FILES. WITHIN 72 HOURS	-	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WH		8. MARRIEI WIDOWE	/ \	D H ALLECANIV	TTY OR COUNTY OF		100
¥¥\$¥¥	7	CITY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOME			12a. USUAL OCCUPATION	RATING ENG	IND OF BUS	SINESS
RIZON ANY DELA AND 3 TO AND 3 TO	Z 13	SUAL RESIDENCE (# INNURSING HOME	OR OTHER INSTITUTION, GIV	ERESIDENCE BEFORE ADMISSION 13 CUMBERLANI		3d. INSIDE CITY LIMITS? YES NO 🔕	13e STATEST, ADDRESS R	AP#EP ROAD		
D. 21201	7	FATHER'S NAME FIRABRAM		SHOLM"		5. MOTHER'S MAIDER		CESSNA		02
BUVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOGE SCRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PARENDE TO THE CHIEF MEDICAL EXAMINER ALCONG WITH FOR 25 SHOULD BE USED AS A BURIAL - IRANSIT PREMIT. PAGES IS DEPARAMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OFFICIAL PROBLED, DIVISION OFFICIAL PROBLED, DIVISION OFFICIAL PROBLED.	7	O. WAS DECEASED EVER IN U.S. AR		166. SOCIAL SECURITY 217-05-80		7. INFORMANT	HOLM RFD# 8	DRESS		
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1255E		VINDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF THE CONTRIBUTION OF	21e. PLACE O STREET, FACTO	FINJURY (ATHOME, DRY, FARM, ETC.)	21f. LOCA		CITY OR TOWN	COUNTY		STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BAITIMORE, MARYICAND, 2.		22a. I certify that I took char	ge of the remains descrol couses	ribed obove, held on	Autopsy	Inspection	Inquiry D.	ond in my opinion		
AL EXAMINE HE CERTIFICA HE CERTIFICA HE DIRECTO AL DIRECTO TH, WITH THI E, MARYLANI		ACTUAL Ora	ucino	lever	cide	TITLE (SPECIFY)	<u></u>	DATE _	1440-7	-160)
TO MEDICA EXECUTE THE PAGE 4 SHE TO FUNERA AFTER DEATH	2	EXAMINER'S NAME (TYPE OR PRINT)	neison K	eves	M.D	Jon 5	Am Dr. P.	SIGNED 2	della.	2/50
	23		JUNE 5 198	23c. NAME OF CEM		CREMATORY	23d LOCATION	CANV MYDVI	_AND STA	LTE
BP	2	FUNERAL DIRECTOR	JUNE D 19	D/ L/CO LAW		1	ILAVALE ALLE EC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNA		
(VR A15 ME (5))		STLCOX-MERRITT	FUNERAL"H	OME CUMBERL	AND M	ARYLAND	JUN5 1987	Laure Comme	· · · · · · ·	or est 2



23a. BURIAL, CREMATION, REMOVAL

MPORTANT, If hem 21 is marked or hem 18 shares as

should be detached for use as the with the State Dept, of Health and

or removal.

			STAT	E OF MARYLAND				
1.	FOR STATE REGISTRAR	DEPART		ICATE OF DEATH	IENE / REG. N	. 1 5	6 1	1
	CEASED NAME FIRST	MIDDLE	L	AST	2a. DATE OF DEATH	MONTH DAY	YEAR 2	h HOUR
() TEE	ALBER'	T DUNNing	CLIT	res, sr.	Jui	ne 11,	1987	7:50 Pm
1.5E		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF U		F UNDER 24 HRS
-	MALE	WHITE	I JAN 1	is "1900""	87	YRS.	IIIS DATS	MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
	PENNA	LISA	WIDOWE	///	Allegan	У		MD.
0 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON	12b. KIND OF E	BUSINESS OR
	Cumberland	Memorial Hospi			RETIRED COL	LIMRIA (AS CO	_
13a. S	AL RESIDENCE (IF NURSING NOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR		1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	7 IP CODE	15522	94141
300	NNA REDE	ORD BEDEORD	114	YES NOX	RED#3 BOX#	569 I Ak	F GORT	TON ROAD
M. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM				
	CLARENCE	CLITES		HANNA	LOUISE	6	WELAST	`H
	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SECTIVE WAR OR DATEST	JRITY NO.	17 INFORMANT	ADDRI	SS		
	NO NO OK DAKAGWA) (IF YES, G)	216-07-	4426	CLARA CLITES	RED# 3 BEDE	ORD PA	15522)
	PART I. DE ATH WAS CAUSE	nly ane cause per line far (a), (b), are DBY: TE CAUSE (a) DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONSEQU	ENCE OF	Stock Prece	mones"		12	JE MITERVAL SET AND DEATH L Clay
Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART Ita	
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES OF	
1.55	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	610	19					
MEDICAL	21d INJURY OCCURRED WHILE ON OT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	saw the deceased alive an	ital) attended the deceased fram [\$, an	nd that in (my) (aur) apinian o	ta, ta	19_ ate and haur an		(I) (we) last uses stated
	27b. SIGNATURE	1	4	DEGREE			22c. DATE S10	GNED
	CASE	eni	h	ATTENDING PHYSICIAN	MEDICAL STAI		6/11	187
	22d. PHYSICIAN HINAME (TYPE	OR PRINT)		27e. ADDRESS 955 F	rederick St	reet		
200	DR. Bollino				rland, MD 2			

TO FUNERAL DIRECTOR. VO HOSPITA рнмн - 16 60M 7/84 (VRA 15, 4)

ATTENDING PHYSICIAN, The

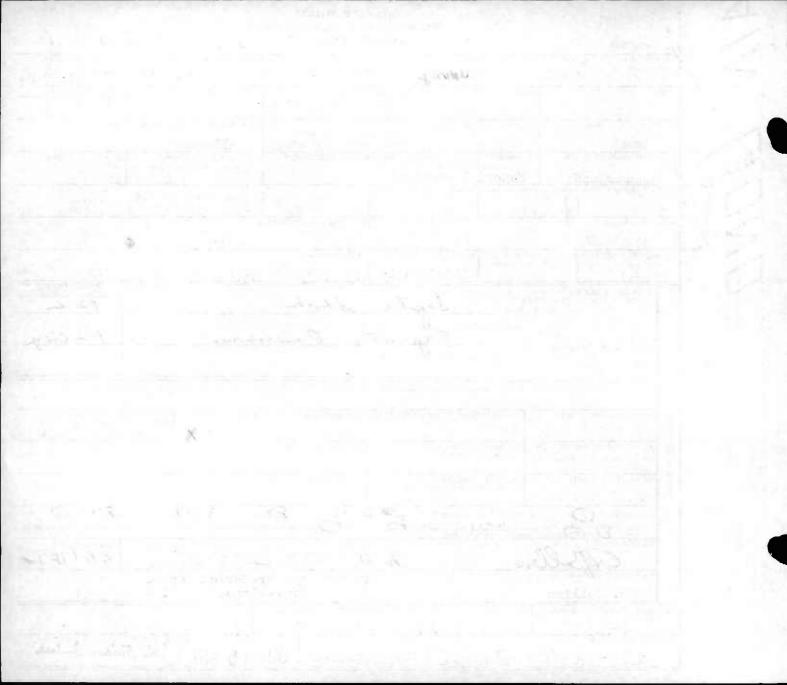
JUNE 15 1987 ZION MEMORIAL PARK CUMBERLAND ALLEGANY MARYLAND

FUNERAL HOME CUMBERLAND MARYLANDUN 1 5 1987

JUNE 15 1987 ZION MEMORIAL PARK CUMBERLAND ALLEGANY MARYLAND

FUNERAL HOME CUMBERLAND MARYLANDUN 1 5 1987

JUNE 15 1987 BIRIA 24 FUNERAL DIRECTOR SILCOX-MERRITT



		1.	FOR			STATE DEPARTMENT OF HE	OF MARYLAND	HYGIENE	
907	1 111 -0		STATE REGISTRAR			DICAL EXAMINE		49 7 1	5618
0 2 2	, 002		CEASED NAME	FIRST		MIDDLE	LAST	20. DATE KNOWN W	
	PR. ES.		CONTRIVE,	Helen	E	Gobu	rn	OF ESTI-	6-29 19 8718:1
	STREETS STREETS	3 SEX	4. RAC	M	DATE OF BIRTH	YEAR LAST BIRTHDAY)	IF UNDER 1 YR. IF UNDER	R 24 HRS 2c. DATE	MONTH DAY YEAR 2d HOUL
	ARY, L DIR YOU TON			hite N	Tov.14,	1916 70 YRS.		DEAD	6-29- 187 20:1
	GESS GERAA MITHE	FO	RTHPLACE (STATE OR REIGN COUNTRY)	/6.	CITIZEN OF WH		MARRIED NEVER MAR	RIED 🔲 -	R COUNTY OF DEATH
	IS NECESSARY, PLEASE EFUNERALDIRECTOR. E. & FOR YOUR PILES. ED, WITHIN 72 HOURS IN PRISTON STREET,		YOR TOWN OF DEA	ATH 11.	U.S.A	PITAL, NURSING HOME, O	DIVOR	RCED Allegan	OF WORK 1126 KIND OF BUSINESS
	AHAES/	1	Eckhart		Box 3	CILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE) Homemaker	OR INDUSTRY OWN Home
21201	2000	USU A	L RESIDENCE (IF IN NU TATE	13b. COUNTY		VE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
0.21	A SHO		Maryland	Alleg	gany	Eckhart	YES NO		528
BALTIMORE, MD.	E-898)		THER'S NAME FIRST John	W.		shbaugh	15. MOTHER'S MAII FIRST Gra	MIDDLE	Dye LAST
OWI OW	URS AFTER DE B. GIVE PAGES WITH FORM I MIT. PAGES I AN DIVISION OF	16a. V (Y	VAS DECEASED EVER	IN U.S. ARMED		166. SOCIAL SECURITY N		ADDRESS	
A	RS AF GIVE WITH P PAG DIVISIO		No			217-05-27	87 Robert	L. Coburn, F.	
N. S.	CO TO SE ILI		18 CAUSE OF DEAT PART I DEATH W	H (Enter only or	ne cause per line	far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST.	PERA FINA PERA GIENI	1	890	IMMEDIATE C.	. ,	AS A CONSEQUENCE OF	Smoke In	halation	Sudden
REST	D WITHIN 24 H PENCIL IN ITEN AMINER ALON - TRANSIT PER ENTAL HYGIEN OR REMOVAL		Canditians, if a			AS A CONSEQUENCE OF			
× .	MINION TRA		gave rise ta cause (a) stating		DUE TO, OR	AS A CONSEQUENCE OF			
201	EXECUTED WITHIN NG" IN PENCIL IN ICAL EXAMINER , A BURIAL - TRANSI H AND MENTAL H WATION, OR REM		lying cause last.	941 5	(c)				
RDS	EXEC ICAL A BUIL WATI	_	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONT	RIBUTING TO GEATH E	BUT NOT RELATED TO THE TERMINAL	OISEASE OR CONDITION GIVEN IN I	PART 1 (a)	
RECORDS, 201	SHOULD BE EXECUTED SRD "YENDING" IN PROCEED EXAMELED EXAMELED EXAMELED AS A BURIAL OF HEALTH AND MELENATION, CREMATION, CALLED TO WARE	MEDICAL CERTIFICATION				the Skin			
AL R	CHIEF CHEE USED TO FE	ICA)	19a DATE OF OPERA	TION	196. CONDIT	ION FOR WHICH OPERATI	ON WAS PERFORMED?		20 AUTOPSY?
FVII	A SE LE	E	210 EXTERNAL CALL	SEWAS	21b TIME OF	INJURY	TIV HOW IN ILIPY OCCUPE	RED LENTER NATURE OF INJURY IN ITEM 18 P	YES NO X
DIVISION OF VITAL	CERTIFICATE MING THE W DED TO THE 3 SHOULD B DEPARTMEN 1 PROR TO B	ALC	UNDERLYING CONTRIBUTING	OR	HOUR A.M.	MONTH DAY YEAR			ANT I ON PANT 2)
ISIO	ERTIF ING ING ING ING ING ING ING ING ING ING	EDIC	21d. INJURY OCCUR		21e PLACE C	DE INTURY JATHOME 12	Kitchen M. LOCATION		
5	THIS CERTIFICATE SHOULD IN WRITING THE WORD "PEN WARDED TO THE CHIEF MAN PAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEAD IN TO PROPER TO BURNAL, COMMAN OF HEAD IN THE PAGE TO BURNAL OF HEAD IN THE PAGE	2	AT WORK AT W	WHILE IN	Box	ORY, FARM, ETC.)	Eckhart	Allegany	Maryland
	E ST		220 I certify that	took charge of	the jemains dell	Jibed above, held an	Autopsy , Inspecti	Test Tests	d in my apinian
	MERCES /		death resulted the		hour D.	Accident , Suicide		Undetermined manner ,	z mmy opinion
	ANA WHE		/	10.1	1./.		TITLE (SPECIFY)		
	A H H H H H H H H H H H H H H H H H H H	1	SIGNATURE	my	1m		M.D. Deputy	MEDICAL EXAMINER	DATE SIGNED 6-29-87
	AEDI E 4 9 W DE		EXAMINER'S NAME	Paul	Cnorr	M T	Mam	We are Chamb	
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORWARD TO FUNERAL WIRTHEST BALTIMORE, MARTINAND TO FUNERAL STATEMENT OF THE	23a. Bi	(TYPE OR PRINT)		Snow.	23c NAME OF CEMET	ADDRESS MAM	123d LOCATION	erland, Md.
07/84	BP	(5	Buria		11y 318			CITY OR TOWN	legany. Md.
25M	DHMH - 17	24. FU	JNERAL DIRECTOR		ADDRESS		250. DATE	REC'D. BY REGISTRAR 256. REGIS	Legany Md
	(VR A15 ME (5))			Funera	1 Home	, Frostbur	g, Md.	11. 08 moz Julia	Davidson Randoll

				remedal		.i	
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AND STREET STREET, THE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

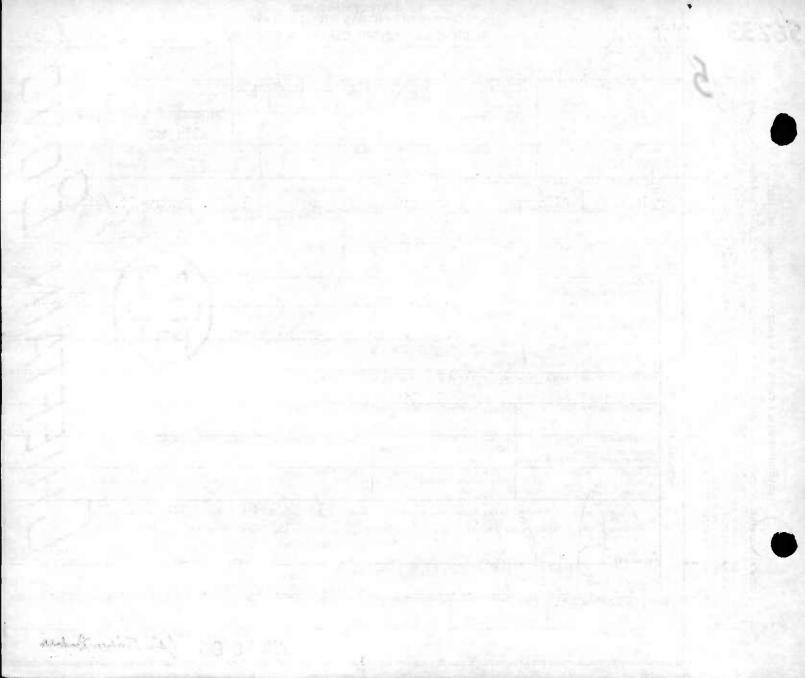
07/84 25M

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

O'BI PAIN		THE PROPERTY OF	HILOHEIAE
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH /

		CELOSTRAR	FIRST			7 (7 (10 (1) (1)	11 5 041			1 2-0		REG. N). ·	V	60	W
11		CEASED NAME	FIRST		MIGGLE LAST							NOWN X	MONT	H DAY	YEAR	2b. HOUR
MARKE X			AL FRE	D	C.		CR	UTCH	LEY		OF DEATH	MATED	6	1	19 87	м
明による最	3. SEX		4. RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YEAR		R 1 YR. IF	UNDER :		c. DATE	650	MONTH	DAY	YEAR	2d. HOUR
X222		Male	Cau	08-29-1		71 YRS	Morting	GAYS)	HOURS	MIN.	PRONOUN	CED	6	1	, 8/	1000A
AND THE		RTHPLACE (STA	ATE OR	76. CITIZEN OF WH	AT COUNT		MARRIED	□ NEVE	DALABBU		9. BALTIMO	ORE CITY C	R COU	NTY OF E	HTASC	
出空星等为一	PO	REIGH COUNTRY)	MD	USA			WIDOWED	_	DIVORCE		A11	legany	7			
ZHURS A	ID. CI	TY OR TOWN C	OF DEATH	11. NAME OF HOSE		SING HOME,						ATION (TYPI			ND OF BUS	
AY IS THE PAGE FILED	Cun	mberland	1	160 N.					7	FOR M	ost of work	ING LIFE)			RINDUSTR	
A DELA	ISUA	L RESIDENCE (IF IN NURSING HOME OF	R OTHER INSTITUTION, GIVI	E RESIDENCE B	EFORE AGMISSION	1)	retired U.S. Navy								
Z S L S S S	13a S		13b. COUNT			OR TOWN		INSIDE CITY			ET ADDRES		٠.	101	500	-
2.5.2 2.5.2 2.5.2 2.5.2 3.3.3 3.3 3.3.3 3.3.3 3.3.3 3.3.3 3.3.3 3.3.3 3.3.3 3.3.3 3.3.3 3.3.3 3.3 3.3.3 3.3 3.3 3.3 3.3 3.3 3.3 3.3 3.3 3.3 3.3 3.3 3.3 3.3 3.3 3		ry land	Alle	gany	I_Cum	berland		74	NO .		N. (Centre	St	. /21.	502	
- X - X - X - X - X - X - X - X - X - X	14. FA	FIRST		MIDDLE		AST	15.	MOTHER'				DOLE			LAST	
LILLI MARK				fred Turne			- 17			E:	ffie	P. Kai				
TER DI FORM FORM JES 1 A		VAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. ARM			IAL SECURITY		INFORMA			1	ADDRESS			1 m	
JRS AFTER 3. GIVE PA WITH FOR I. PAGES I DIVISION		yes	\	W II	220-	-10-486	6	Mrs.	Dixi	e J.	Wood	, Bali	timo	re,	MD-da	ughter
300R 18. TW		18 CAUSE OF	DEATH (Enter anly	y ane cause per line f									1		PPROXIMATE I	
AL.		TARTIBLA		E CAUSE (a)	Cardi	ac arre	est	-							sudde	en
HIN 24 I L IN ITE/ R ALON VSIT PER L HYGIE				DUE TO, OR	AS A CONS	SEQUENCE OF										Q 10 H
트리워워링스			s, if any, which to immediate	(b)	Coron	ary an	rterv	hear	t dis	sease						- 7.99
PENT PENT PENT PENT PENT PENT PENT PENT		cause (a) s lying cause	stating the <u>under</u> -			SEQUENCE OF									7	716
ON, SAL		tying coust	e tost.	(c)												300
JLD BE EXECUTED "PENDING" IN IT F MEDICAL EXA ED AS A BURIAL HEALTH AND M IL, CREMATION,		PART 2 OTHER SIGN	HIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BE	UT NOT RELATE	ED TO THE TERMIN	AL DISEASE OR (CONDITION G	IVEN IN PAR	T 1 (a).						
S A KEN	N	Abdomi	nal asci	ties; pro	hahla	liver	dicea	92								2 000
SED A	AT	19a. DATE OF C	OPERATION	19b. CONDITI	ON FOR W	VHICH OPERA	TION WAS F	PERFORME	ED?					20. A	AUTOPSY?	
天気光コロ底	CERTIFICATION	5.00													YES 🗆	NO [X]
WO BE	8	210 EXTERNAL	_	21b. TIME OF			21c HOW	INJURY O	CCURRED) (ENTER N	ATURE OF INJU	RY IN ITEM 18 F	PART 1 OR I		20 (2)	110 (23
STIFICATION OF THE VG TO TH		UNDERLYING	G CAUSE OF D	HOUR A.M.	MONTH	DAY YEAR										7.0
The Community of the Co	MEDICAL	21d. INJURY OC	CCURRED	21e PLACE O		(AT HOME,	21f LOCAT									
IS CE RRITI REDI 201 8	¥	WHILE AT WORK	NOT WHILE	STREET, FACTO	DRY, FARM, ETC	1.)	STREET				CITY OR TOW	N	C	OUNTY		STATE
		AT WORK	ALAVORA)					[7]		- VIV				
EXAMINER: CERTIFICATE OLD BE FOR OLD BE FOR OWNITH THE S MARYLAND,		22a. I certify	that taak charge	af the remains desc	Г		Autapsy [nspection	L .	Inquiry	XX	d in my	pinian		
ME BEST		death resulte	fram Natura	al Eguses X, /	Accident	, Suici	de 🔲,	Hamicide	е 🔲 .	Undete	rmined mar	nner,				
WAN WELD CER		ACTUAL		V 1	/			TITLE (SPE					DATI		C /7 /	0.7
A H S H H H		SIGNATURE	10	(Auri			M.D	U	pty	MEDIC	CALEXAMI	NER	SIGN	VED	6/1/8	3/
LEDIA 4 S		EXAMINER'S N	JAME -								3					
TO MEDICAL EXAMI EXECUTE THE CERTIFIED PAGE 4 SHOULD BE TO FUNEAT DIRECT AFTER DEATH, WITH BATTIMORE, MARYL		(TYPE OR PRIN	T) Paul	Snow, M.								Cumber	rlan	d Md	21507	
E M Ø E < Q	23a.BL	PECIFY)	ION, REMOVAL 23			AME OF CEME				23d. LOC	RTOWN	200	со	UNTY	STA	
BP	04.5	Bur		06-04-198	Ro	ocky Ga	p V/A			F	lints	tone		egan		
DHMH - 17		NERAL DIRECT		ADDRESS				250	JUN			25h REGI	STRAR'S	SIGNAT	PRE BAR	
(VR A15 ME (5))	Ja	ames F.	Scarpell	i, Cumber	land,	MD 21	502		JUN	08	1987	guna	Prov.	-0.00		



I director, page 3 hours ofter death

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

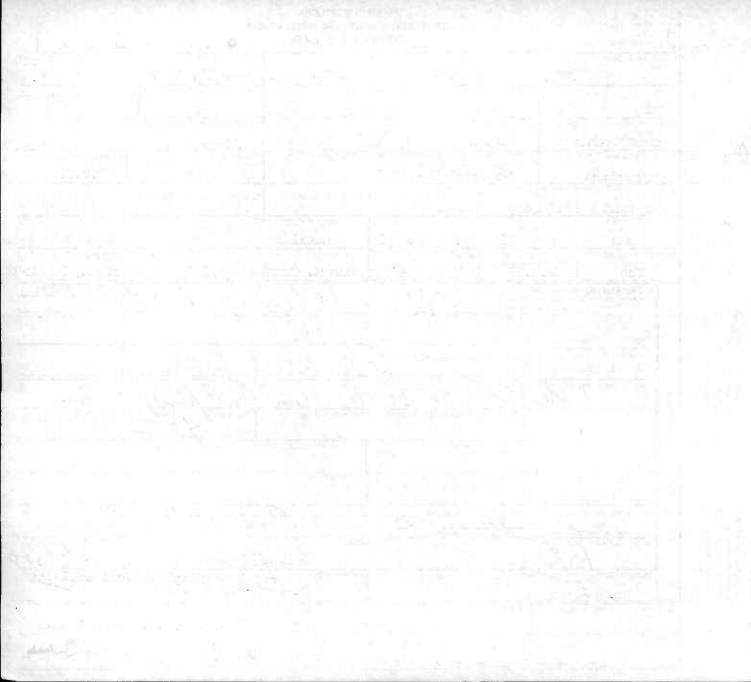
8	REG.	NO.	5	6	2	Petition
DATE OF	DEATH	MONTH	DAY	YEAR	2ь норк) :
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-						ICATE OF DEATH	U	REG. I	NO.	-	0	1	
		FIRST	A	MIDDLE	l	AST	20. DATE OF			DAY	YEAR	2ь нор	0.20
TYPE	ORPRINT)	JOHN	MA	RSHALL	CU	UNNINGHAM, II	June	21,	1987				P. M
3. SE	Χ		4. RACE		5. DATE C		6 AGE (INY	E ARS LAST E	IRTHOAY)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS
	ale		White	9		uary 17, 1921		66	YRS.	MONTHS	DAYS	HOURS	MIN.
7a. Bi	RTHPLACE (STATE OR FOR	REIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMO	RE CITY	OR COUNT	Y OF DEA	TH		
Pe	ennsylvania		U.S.A		WIDOWE	DI DIVORCED	A11e	gany					MD
0. CI	TY OR TOWN OF DEATH	Н	11. NAME OF H	HOSPITAL, NURSING	G HOME C	OR OTHER INSTITUTION	120 USUAL	OCCUPA	TION		IND O	F BUSINE	SS OR
	umberland		Memo	rial Hosp	ital		Supe				P.P	.G.	
JSU/ 13a. S	AL RESIDENCE (IF NURSING	G HOME OR		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET	ADDRESS	/ ZIP COI	DF.			
_		Alle	gany	Cumberla	nd	YES X NO	19 B	eech	wood I	Drive	/	21502	2
4. FA	THER'S NAME FIRST		AIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE			LASI		
	John		shall	Cunningh		Matilda		-			arr		
	VAS DECEASED EVER IN		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADD		Beec			
	Yes		V.II	176-09-	6576	John M. Cunn	ingham	,III	- Cur	mberl	and	, MD	215
			DUE TO, OF	R AS A CONSEQUE	NCE OF	· c ncer							
7	Conditions, if only, vigove rise to immercouse (a), stating underlying couse	the lost.	(c)_	R AS A CONSEQUE	Ke	CHO VESICO	INAL PISEAS	13 fu	O	IVEN A P	ART 110		
TIFICATION	gove rise to imme- couse (a), stating underlying couse	lost.	ONDITIONS CO	R AS A CONSEQUE	KE HDSU	NOT RELATED TO THE TERM OS CHAPTIC N WAS PERFORMED	INAL PISEAS Prof	fa	206 AF YI IN CERT	IVEN A PA	FINDIN	GS USED	H?
	gove rise to immercouse (a), stating underlying cause	FICANCE ON THE PROPERTY OF DEAT	ONDITIONS CO	ONTRIBUTING TO D TION FOR WHICH OF	HDSCOPERATION	ess, Charic	200 AUTO	NO NO	20b IF Y	ES, WERE I	FINDIN	GS USED OF DEATH	H?
MEDICAL CERTIFICATION	gove rise to imme- couse (a), stoting underlying cause PART 2 OTHER SJONIE 19a DATE OF OPERATIO 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CAL	FICANCE FIC	ONDITIONS CO 196. CONDI 216. TIME O HOUR A./ 216 PLACE (ONTRIBUTING TO DESCRIPTION FOR WHICH OF TON	PEATHYBUT HDSCO OPERATION Y YEAR 19	ess Chymic N WAS PERFORMED	200 AUTO	NO NO	206 F YI IN CERT	ES, WERE I	FINDIN AUSES	GS USED OF DEATH NO	H?
	gove rise to immecouse (a), stoting underlying couse PART 2 OTHER SJONIF 190 DATE OF OPERATIO 216. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRET WHILE NOTIFY MEDICAL 220.1 certify that (1) (1)	FICANUC REYING USE OF DEA' L EXAMINER) D his hospit	ONDITIONS CO 19b. CONDI 19b. CONDI 21b. TIME OI HOUR A./ P./ 21e PLACE (AT HOME, STR	PAS A CONSEQUE ONTRIBUTING TO D TION FOR WHICH (FINJURY M. MONTH DA M. DFINJURY EET, FACTORY, OFFICE, FA	PEAH BUT HDSC OPERATION Y YEAR 19 ARM, ETC)	21c. HOW INJURY OCCURS 21f. LOCATION STREET 19 dd that in (my) (our) opinion of	200 AUTO YES RED (ENTER NA	DPSY? NOD TURE OF INJ	206 AF YI IN CERT URY IN ITEM 18	ES, WERE I IFYING CA	FINDINAUSES ART 2)	GS USED OF DEATH NO ST	H?
	gove rise to immecouse (a), stoting underlying couse PART 2 OTHER SIGNIF 19a DATE OF OPERATIO 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURREI WHILE AT WORK IN OTHER AT WORK 22a.1 certify that (1) (1)	FICANUC FIC	ONDITIONS CO 19b. CONDI 19b. CONDI 21b. TIME OI HOUR A./ P./ 21e PLACE ((AT HOME, STR	PAS A CONSEQUE ONTRIBUTING TO D TION FOR WHICH (FINJURY M. MONTH DA M. DFINJURY EET, FACTORY, OFFICE, FA	PEAH BUT HDSC OPERATION Y YEAR 19 ARM, ETC)	216. HOW INJURY OCCURE 216. LOCATION STREET 216 that in (my) (our) apinion of the company of t	200 AUTO YES RED (ENTER NA deoth occurre	CITY OR T	20b AF YI 120b AF YI 1N CERT 1N CERT	ES, WERE I IFYING COURTER OF PART LORP. COURTER OF THE PART LORP. COURTER OF THE PART LORP. 22c.	FINDINAUSES ART 2) NIY DATE S	GS USED OF DEATH NO ST stigned to the course start to the course	ATE re) lost ted
	gove rise to immecouse (a), stoting underlying couse PART 2 OTHER SJONIF 190 DATE OF OPERATIO 216. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRET WHILE NOTIFY MEDICAL 220.1 certify that (1) (1)	FICANUC IDST. FICANU	ONDITIONS CO	PAS A CONSEQUE ONTRIBUTING TO D TION FOR WHICH (FINJURY M. MONTH DA M. DFINJURY EET, FACTORY, OFFICE, FA	PEAH BUT HDSC OPERATION Y YEAR 19 ARM, ETC)	216. HOW INJURY OCCURE 216. LOCATION STREET 216 that in (my) (our) apinion of the company of t	200 AUTO YES RED (ENTERNA depth occurre	CITY OR T	20b AF YI 120b AF YI 1N CERT 1N CERT	ES, WERE I IFYING COURTER OF PART LORP. COURTER OF THE PART LORP. COURTER OF THE PART LORP. 22c.	FINDINAUSES ART 2) NIY DATE S	GS USED OF DEATH NO ST stigned to the course start to the course	ATE re) lost ted
WEDICAL MEDICAL	gove rise to immecouse (a), stoting underlying couse PART 2 OTHER SYONIF 190 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 210. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (I) (1)	REVING DN REVING DN REVING DDN BE D	ONDITIONS CO	PAS A CONSEQUE ONTRIBUTING TO D TION FOR WHICH (FINJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, FA deceosed from 19	Y YEAR 19 ARM, ETC.)	216. HOW INJURY OCCURE 216. LOCATION STREET 216 that in (my) (our) apinion of the company of t	200 AUTO YES RED (ENTER NA deoth occurre	CITY OR TO PHYS	20b AF YI 120b AF YI 1N CERT 1N CERT	ES, WERE I IFYING COURTER OF PART LORP. COURTER OF THE PART LORP. COURTER OF THE PART LORP. 22c.	FINDINAUSES ART 2) NIY DATE S	GS USED OF DEATH NO ST stigned to the course start to the course	rate re) lost ted

202 Greene Street-Cumberland, Maryland 21502

DHMH - 16 60M 7/B (VRA 15, 4)

BP.



director, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CEF	RTI	FIG	CA	TE	OF	DEA	TH	

8	REG. N	10.	5	6	2	3
ATEO	EDEATH	MONTH	DAY	YEAR	7h HO	LID

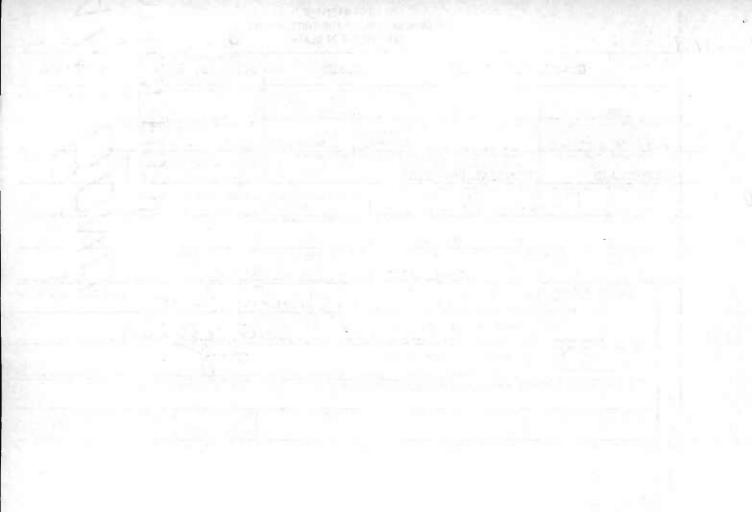
	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 /REG. NO.	5 6 2 2
	1. DECEASED NAME (TYPE OR PRINT) FIRST GENEV	IEVE DAISY		DICKEN	JUNE 13, 1987	L:00A
ľ	3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
l	female	white		-30-42	45 YRS.	MONTHS DAYS HOURS MIN.
I	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	(? 8.	Never Married	9. BALTIMORE CITY OR COUNT	Y OF DEATH
1	West Virginia	U.S.A.	WIDOWE		Allegany	MD.
T	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
ı	CUMBERLAND	MEMORIAL HOSPIT			HOUSEWIFE:	LIFE) INDUSTRY
1	USUAL RESIDENCE (IF NURSING HOME C 13a. STATE 113b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COL	NF.
1		legany Cumber		YES PR NO	228 Bond Str	
Ť	14. FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	
1	Edgar	Sheet	- 17	Vada	WIDDLE	1AST
t	160 WAS DECEASED EVER IN U.S. A			17. INFORMANT	ADDRESS	Wilt
	NO I (IF YES, G	1VE WAR OR DATES) 215-42-	2522	Carland I	Dámlan	
F				Garland L.	Dicken sar	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
١		nly one couse per line for (g), (b), o	din -	Voc hings	Las Arred	BETWEEN ONSET AND DEATH
1	IMMEDIA	TE CAUSE (o)	70.0	1/0	0.00	
I	Canditions, if any, which	DUE TO, OR AS A CONSEQ	UENCE OF	od Samo	ull, 1000 (0	
ı	gave rise to immediate	(b)	VVVI	ed our	1.0/	
ı	underlying couse lost.	DUE TO, OR AS A CONSEQ	UENCE OF		wy.	
l	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CONDITION G	IVEN IN PART 1/G
ı	Z			The state of the season	WAL DISERSE ON CO. IDMION O	VERVINE ART ING
	NOTE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [19b. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO N
1	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	
ı						
1	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	2H LOCATION		
١	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
١		oital) attended the deceased from		, 19	, to	, 19, that (I) (we) lost
ı		n19. ot) view the body ofter death.	, on	d that in (my) (aur) opinion o	death occurred on the date and ha	our and from the causes stated
ı	22b. SIGNATURE	7		DEGREE	1	224 DATE SIGNED
1		Jenes	- /		DIRECTOR PHYSICIAN	10/15/8 1
ı	224 PHYSICIAN'S NAME (TYPE	CH (fred)		MEMOREAL HOSP		
1	DR. ZAMAN			CUMBERLAND, M	ARYLAND 2150	2
	23a BURIAL, CREMATION, REMOVAL	L 23b. DATE 23c	. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	Burial	6-15-87 S	unset	Mem. Park	Cumberland	Allegany MD
	24 FUNERAL DIRECTOR Leasu	re-Stein Fune	ral H	ome, Inc. DAT	E REC'D. BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
	230 Baltimore	Ave. Cumberl	and,	MD 21502 J	UN 16 1987 8	lia Devideon-Kandalla

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this pertificate has been signed by the ottending physician and cashould be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages with the State Dept. of Health and Mentol Hygiene prior to burial, cremation, ar removal.

injury, or other traumotic event, the

MPORTANT: If Item 21 is marked oblitem 18 shows any



STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIEN
CE	RTIFICATI	OF	DEATH	

8	REG. N	10.	5	6	2	J
ATE C	DE DEATH	MONTH	DAY	YEAR	Zh HC	1194

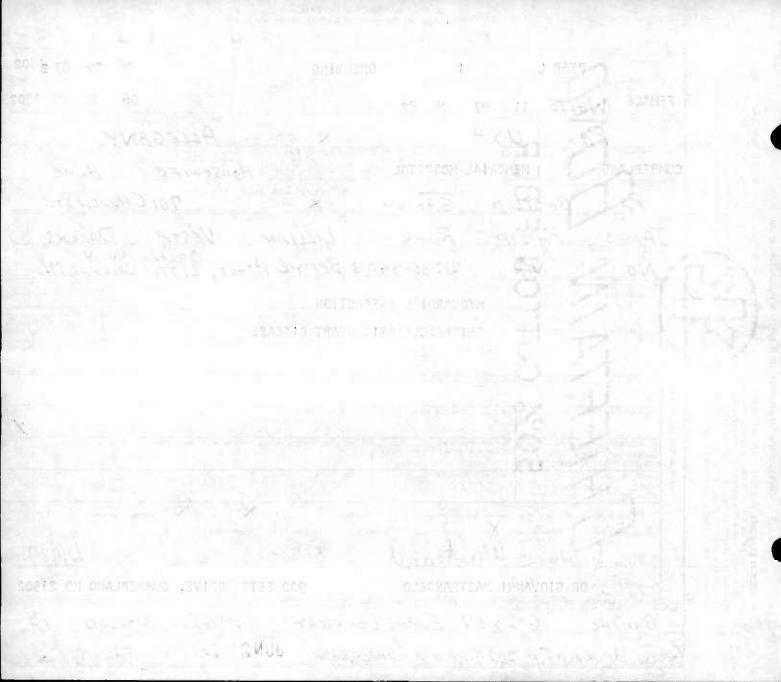
A JUN :	3	FOR STATE REGISTRAR			DEPAR	TMENT OF	E OF MARYLAND BEALTH AND MENTAL HYO CICATE OF DEATH	GIENE 8 /REG.	NO.	5 6	2 3
		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	Y YEAR	26. HOUR1:0
poge of			CLARA	I	LOUISE	DI	MMICK	June 16	. 1987		P. N
. 2	3. SE	х		4 RACE		5. DATE (OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
ecto irs of		Female		White		10	O1 YEAR	9 57	YR5.	NINS DATS	HOURS MIN.
hour day		IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY	Y? 8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
		MD		US US	SA	WIDOW		Allegany	County	7	MD
the the the	10. C	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	126. KIND C	OF BUSINESS OR
	C	umberland		Memo	rial Hos	pital		retired		Food	Corp.
The same	USU	AL RESIDENCE (IF NUR	136 COU	R OTHER INSTITUTION	GIVE RESIDENCE BEFO	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13s STREET ADDRESS	S / 7IP CODE		
must		MD		legany		erland			er Stree	·+	21502
9 7	14. F	ATHER'S NAME		WIDDIE	LAST	0110110	15. MOTHER'S MAIDEN NA	AME			
8/		FIRST	Wilb	ur M. Hu			FIRST	hel D. Boli	inger	LAS	ST
medical		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SEC	CURITY NO.	17. INFORMANT	ADD	RESS		0.5
medico		no ,	(IF YES, GI	VE WAR OR DATES)	215-26-	6968	Memorial Hos	nital Memo	rial Ave	nue C	umb MD
to by not remarion njury, or other froum	NO	Conditions, if any gave rise to im cause (a), statiunderlying cause	mediate ng the e last.	(c)	R AS A CONSEO	Va	ula Film y fucts NOT RELATED TO THE TERM	LICT V		IN PART 16	o
Sing Bridge	CERTIFICATION	19a DATE OF OPERA			1911	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		NG CAUSES	NGS USED OF DEATH?
1 H 8		210. ACCIDENT WAS UN	and the same of th			DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	T OR PART 2)	
11/	N S	(IF EITHER, NOTIFY MED	CAL EXAMINE	P. P.	M	19					
2 0/	MEDICAL	21d. INJURY OCCUR		21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
or or		AT WORK	HILE				11		111	P	
E .0		220 I certify that (I				6D-	1987		19.		that (I) (we) last
2		abave, (I) (we) (ed alive an did) (did	+ view the bady	ofter death.	, 0,	nd that in (my) (aur) apinion	death occurred and the	date and havr ar	nd from the	causes stated
1 1 1		27b. SIGNATURE	P	elu	w	*	DEGREE ATTENDING PHYSICIAN [MEDICAL ST	AFF X	C/	51GNED
MPORTA		22d. PHYSICIANUS N		P. HT	ALM.	20	270. ADDRESS	Schless	L. Cen	ber	lad, de
	23a E	URIAL, CREMATION,					EMETERY OR CREMATORY	236 LOCATION		OUNTY	STATE
_		bur	ial	06-20	1987	Greenm	ount Cemetery		land A	llegar	av MD
60M 7/B4	24 FI	JNERAL DIRECTOR			ADDRESS.		25a. DA	TE REC'D. BY REGISTRA	R 25b. REGISTRA	R'S SIGNAT	URE

DHMH - 16 60M 7/B4 (VRA 15, 4)

James F. Scarpelli, Cumberland, MD 21502

JUN 1 9 1987, Julia Devidson Random

STATE OF MARYLAND



	deoth	unergl
201	urs ofter	by the f
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 bours after death.	FUNERAL DIFFCTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral
DIVISION OF	HOSPITAL OR ATTENDING PHYSICIAN, The	FUNERAL DIRECTOR: After this certif

		1-	FOR GEORGE STATE GREEN S REGISTRAR CUMBERL	UPCHURCH	DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYP FICATE OF DEATH	GIENE 8 7	0.	5 6	2 5
1551	Juli -		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	b. HOUR
y be	page 3		VIRGI	LK	DYER		JR	JUNE 1.	1987		12:15 ₽
Yan	fer o	3. SE	(4. RACE		5. DATE	OF BIRTH H DAY YEAR	& AGE (IN YEARS LAST BIR	THDAY) IF I		IF UNDER 24 HRS
ge 4	directo hours of		ale	Whi		Aug	ust 22.1931	55	YRS		
death. Page	2 hod	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY	? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
dep	hin 2	M	aryland	U.S	Α	WIDOW		ALLEGANY (MD.
ofter	9 3/ 9	10 C	TY OR TOWN OF DEATH		F HOSPITAL, NURS UCH FACILITY, GIVE STREI		OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST C		126. KIND OF INDUSTRY	BUSINESS OR
201			umberland		D HEART !		AL	Agent		Insur	ance
7	d be a	13a S	AL RESIDENCE (IF NURSING HOM TATE 136 CC	DUNTY	13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
ANE n 24	E 8 0	M	A A	llegany	Cumberl	and	YES NO		Allegar	ny St.	/ 21502
RYLA within	ond 2 st	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME		LAST	
M bet	E 0 6		Virgil	K.	Dyer,		Margaret			Teter	
ST., BALTIMORE, MARYLAND 21	Pages medical		VAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	ESS		
riMo	Po us		Yes K	orea	217-28-	-0585	Elizabeth D	yer - Addres	s same	as #13	above. ATE INTERVAL ISET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	ren signed by the attending properties to please remove corbon on the bural, cremation, or remover to bural, or ather traumatic ew	CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, (c) NT CONDITIONS WEA	Drukter	UENCE OF UENCE OF DEATH BU	T NOT RELATED TO THE TER. LUTUS DN WAS PERFORMED	MINAL DISEASE OR CON		IN PART 11a	
REC.	to bee	길	196 DATE OF OPERATION	196 CON	DITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	YES NO		G CAUSES C	
N OF VITAL	certificate mid-transit hygie	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR	P.M.	DAY YEAR		<u> </u>			
NVISIO MG PHY	ther this by the by h and N	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
ATTENDR	ECTOR A red for use of all fleeling		22a.1 certify that (1) (this has saw the deceased alive abave, (1) (wg) (did) (did) (22b. SIGNATUE)	an 6-1	19	07	, 19 <u>87</u> and that in (my) (aur) apiniar	ta 6-1 n death accurred an the d			
DSPITAL OR	FUNERAL DIRECTOR NO. 11 The State Dept.	-	22d. PHYSICIAN'S NAME	PE DE PRINTI	hya		ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA DIRECTOR PHYSIC		1 fin	1987
E .	hauld the		GEORGE BREZA	, MD			BMG 912 SET		UMBERLA	ND, MD	21502
2			BURIAL, CREMATION, REMOV		230	NAME OF	CEMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE
В	P	E	urial	6-4-	87 S	S.Pete	er & Paul Cem		`		
DHA	NH - 16 60M 7/84	24. FI	JNERAL DIRECTOR Geor	ge-Upchu	rch Funer	al Ho	mo D 7 250 DA	TE REC'D. BY REGISTRAR	25b REGISTRA	R'S SIGNATU	RE.
	(VRA 15, 4)		02 Greene Str					8 1987 July	or Proposition		

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	STATE OF MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	~ 9	1	2100	1	4 3	
	1	- 1	200	(3)	1	
,	REG. NO.	- 1	-	9	Street	
	REG. NO.					

	CEASED NAME FIRST	WIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR
(TYPE	KATHALE	EN MAZONA	EDWARDS	June 23, 1987 8:42
3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24
	Female	White	June 17, 1919	68 YRS.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
	W. Va.	USA	WIDOWED DIVORCED	Allegany
DO	ITY OR TOWN OF DEATH Cumberland	(IF NOT IN SUCH FACILITY, GIVE STREET Memorial Hospi	tal e	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKEY 12b. KIND OF BUSINESS INDUSTRY OWN HOME
130. 5	STATE 136 COUN	rother institution Give residence Before NTY 13c. CITY OR TOW	VN 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 607 'N' Street 21550
O 14 FA		middle Last Car Davis	15. MOTHER'S MAIDEN NA Ethel	ME McIntire
	WAS DECEASED EVER IN U.S. AR		JRITY NO. 17. INFORMANT	ADDRESS Rt. 2 Box 173B
ZL	YES, NO OR UNKNOWN) (1F YES, GIV	218-68-	4823 Richard Edwa	
CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C			200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
				YES NO YES NO
01	21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	21f LOCATION	CITY OR TOWN COUNTY STAT
		tol) ottended the deceosed from_	. 19	, to, 19, that (I) (we
	sow the deceosed olive on obove, (I) (we) (did) (did no	t) view the body ofter deoth.		deoth occurred on the date and hour and from the couses state
1	Cocyus 7	3-1	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN
730 8	Dr. Figueroa	PR PRINT)		rial Hospital Medical Buildin
430. L	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. I	NAME OF CEMETERY OR CREMATORY	23d. LOCATION
	(SPECIFY)	0.400.400		CITY OR TOWN COUNTY STAT
	Burial	6/26/87 P1	easant Valley Cem.	(rural) Oakland Garrett Md

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.	

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	191	STATE REGISTRAR			DEFARIN		ICATE OF	DEATH	8 /	REG. NO.	1	5 6	2	1
		EASED NAME OR PRINT)	FIRST		MIDDLE	1774	AST		20. DATE OF D			DAY YEAR	26. HO	28A
١			Lucill		lldred		ards		June	13	7	987		771
	3. SEX	Female		White		5. DATE (21	6. AGE UNYEA	RS LAST DIRTHO	YRS.	IF UNDER 1 YEAR		ER 24 HRS MIN.
1	7a. BIR	own rgin	ia	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER	MARRIED	9. BALTIMORE Alle	gany (у		MD
2		nberland		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET Ced Heart	ADDRESS)		TITUTION	120 USUAL OC			13P KIND	OF BUSIN	JESS OR
1 1 1	MAS				GIVE RESIDENCE BEFORE		13d INSIDE	NO 🗌	13e.STREET, AC	DRESS / Z Lona	coni	ing,M	d.2	1116
1	Ċĺ	THER'S NAME	R.	-Beston	l LAST		15. MYTHER	TALE NAM	Lee	MIDDLE B	oard	lman ,	AST	
		AS DECEASED EV		MED FORCES? WAR OR DATES)	166. SOCIAL SECU 2221475		A'l'Isera Edmo	T'Holt	ma1220	787t	tend	l e n S	t.	
	z	Conditions, if o gove rise to i couse (o), ste underlying cou	immediate oting the use last.	(c)_	R AS A CONSEQUE	NCE OF	NOT RELATE	D TO THE TERM	INAL DISEASE	OR CONDI	TION GIVE	EN IN PART	zle	N
	CERTIFICATION	190 DATE OF OPER	RATION	19b. COND	IT ION FOR WHICH	OPERATIO	ON WAS PERFO	DRMED	200 AUTOP	SY?	20b. IF YES, IN CERTIFY YES	, WERE FIND YING CAUSE	OINGS US ES OF DE	ATH?
	MEDICAL	220. I certify that	CAUSE OF DE. CA	ATH HOUR A. P. 21e. PLACE [AT HOME, STI	M. MONTH DAM. OF INJURY REET, FACTORY, OFFICE, F deceased from	ARM. ETC.)	211. LOCATISTREE) and that in (my	, 19) (our) opinion of		on the dote	e ond hour	COUNTY 19 19 r and from the	., that (I)	
	23e. B	URIAL CREMATIO	N, REMOVAL	236. DATE 6-16-	87 Mt.	Vie	ew Cen		Mos C		lleg	any	Md	STATE

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR KAME IS FYNERAL LOWHEAM ING. MY. 25

TO FUNERAL DIRECTOR: After the should be detached for use as the with the State Dept. of Health and

TO HOSPITAL OR ATTENDING etained by the haspital injury, or other traumotic event,

MPORTANT: If Item 21 is marked or Item 18 shows any

FOR

(VRA 15, 4)

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Dividen Pendass

une 13, 1987 55:28A			Incille	
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573170 JUN

23	67	FOR STATE REGISTRAR				CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	8 /REG. N		6	2 8
J.		CEASED NAME	FIRST	Sa	rah	ι	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
0		L	JCRET1	A	S.	EMI	ERICK	Jun	e 18, 19	987	1:00 AM
part !	3. SE	X		4 RACE		5. DATE C		6. AGE IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	IF UNDER 24 HRS
		Female		Wh	ite		29-01	86	YRS.		
4		RTHPLACE (STATE OR I	100		WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY O	_	DEATH	1
2	10 C	ennsylvar	ia	U.S		WIDOWE	DROTHER INSTITUTION	Allegan	y ION	12h KIND C	MD. OF BUSINESS OR
1				(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	NOTILE NASTROTION	(TYPE OF WORK FOR MOST C	OF WORKING LIFE)	INDUSTRY	or bosiness or
4		imberland	INC HOME OR		al Hospit			Housewi	fe · l		
-	13a. S	STATE	13b. COUN	TY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
0		ryland	A11	egany	Cumber	land	YES X NO	Summervi	lle Av	e.	21502
1	14. F.A	ATHER'S NAME	,	AIDDLE	LAST		15. MOTHER'S MAIDEN NA FIRST	WE		LAS	51
		Joseph		Μ.	Watt	S	Catheri			Grah	
		WAS DECEASED EVER		AED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE R	SS 3	Box	
		No	(IF TES, GIVE	- WAR OR DATES	214-42-0	0327	Linda S. S		edford		nna.
	lion	Conditions, if any, gove rise to improve (0), stating underlying couse	nediote ig the last.	(b) DUE TO, OI	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	NIN AL DISEASE OR CON			
9	CERTIFICATION	196 DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES	
ラ	MEDICAL CERT	21a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d (NJURY OCCUR WHILE NOT WE	CAUSE OF DEA	P 21e. PLACE	m. month da m.	19	21c. HOW INJURY OCCUR		RY IN ITEM 18 PART		STATE
		22a. I certify that (1) saw the decease above. (1) we) (22b. SIGNATURE	(this haspit				nd that in appropriate DEGREE ATTENDING PHYSICIAN F	death occurred an the di	ate and hour on	22c, DATE	that II) (we) last causes stated SIGNED
I		22d. PHYSICIAN'S N.	Bol				955 Fi Cumber	rederick Str land, MD 21	reet		
		BURIAL, CREMATION,	REMOVAL	23b. DATE	23¢ 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	C	OUNTY	STATÉ
		Buria		6-20-	7		Mem. Park	Cumberlar	nd Al	legai	AV MD
/B4		UNERAL DIRECTOR			ein Eun	eral		EPETA PARECISTRAR	256. REGISTRA	SEGNA	Light Kandles

MD 21502

Cumberland.

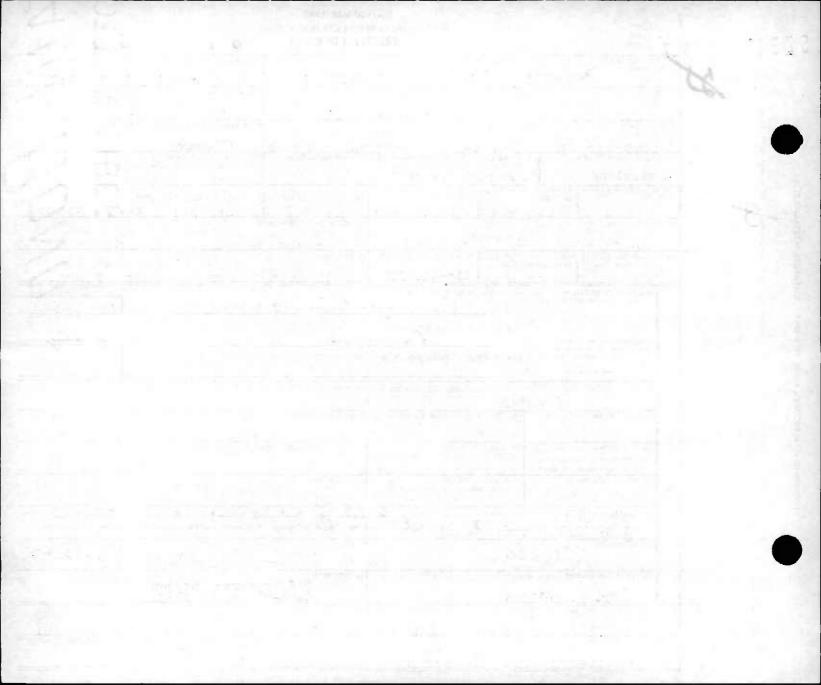
230 Baltimore Ave.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

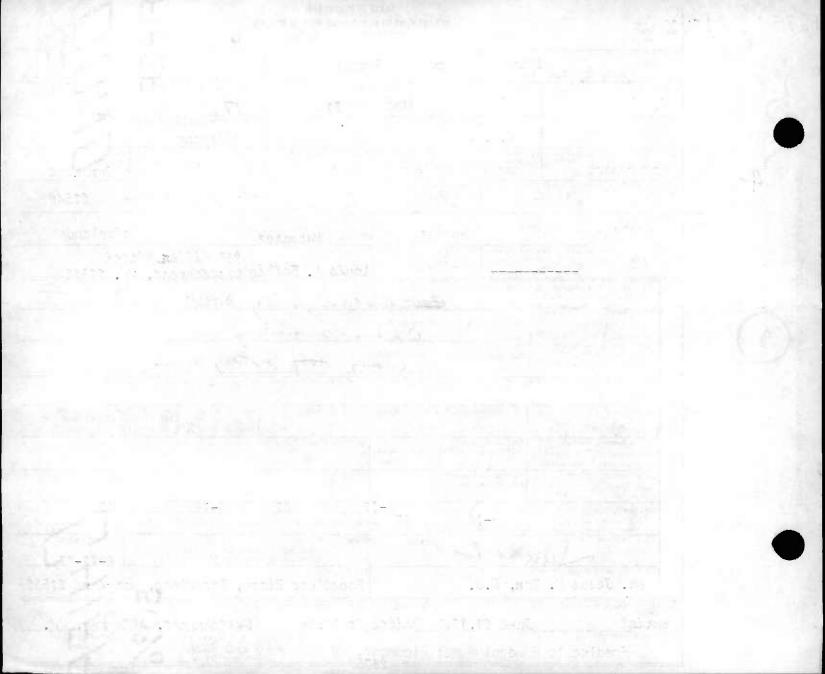
TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please may the State Dept. of Health and Mental Hygiene prior to buriol, creit with the State Dept. of Health and Mental Hygiene prior to buriol, creit

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.



157513 JUN 24	67.	FOR STATE		DEPARTA	AENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG			. , ,	
		REGISTRAR			CERTII	ICATE OF DEATH	8 REG. 1	VO.	0 0	4
nay be page 3 r death		CEASED NAME FIRST CORPRINT) Leah M. Fatk	Leah	May	F	atkin	20. DATE OF DEATH	0 1027	YEAR 2b.	HOUR &
r. po	3 SE)		4. RACE	411	5. DATE (6. AGE (IN YEARS LAST B		NDER TYEAR THE	UNDER 24 HRS.
oge 4	_	emale	White		Decen	ber 31 ,1889	97	YRS.		
neral di		RTHPLACE (STATE OR FOREIGN DOWNTRY) MD	U.S.	A.	8. MARRIE WIDOWI	D NÉVER MARRIED DIVORCED	9. BALTIMORE CITY Allegan		DEATH	MD.
by the fu		sternport	11. NAME OF I	HOSPITAL, NURSIN HEACILITY, GIVE STREET Manor NU	G HOME (ADDRESS)	Home	170. USUAL OCCUPA (TYPE OF WORK FOR MOST NOUSEWIT		Own HO	
24 ho 212 ho 24 ho 212 ho 212 ho 212	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 134 COUN ALLES	OTHER INSTITUTION, ITY any	136. CITY OR TOW LUKE	ADMISSION)	134 INSIDE CITY LIMITS?	131 STREET ADDRESS	zp cope n Avenue	21	540
MARYLA d within mpletely and 2 sh	14. FA	THER'S NAME William	MIDDLE	Burkett		15. MOTHER'S MAIDEN NAME FIRST MAT GATE	MIDDLE	Мс	Farlanc	
BALTIMORE, MARYLAND 21201 the executed within 24 hazes of the second completely filled in by the result of the short of the second sec	16a V	VAS DECEASED EVER IN U.S. ARV	MED FORCES? E WAR OR DATES]	166 SOCIAL SECU 217-42-65		17 INFORMANT		len Stre	et 1. 2156	2
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSEI IMMEDIAT	y one couse per O BY: E CAUSE (0)	line for (a), (b), and	tien C	odio reogrami	by Arres		APPROXIMATE BETWEEN ONSE	INTERVAL I AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., The low requires the three-three three catending physician. The low requires the three-three catending physician. Then blees remes caubor to as the burial-transit permit. Then please remes caubor in and Mental Hygiene prior to burial, remaining a contract of them 18 shows any injury, or ather traumatic even		Conditions, if any, which	DUE TO, O	R AS A CONSEQUE	NCE OF	ir mitsti	lity			
on W. P		cause (a), stating the underlying cause last.	DUE TO, O	r as a conseque	Corr	my Doty A	roten on	son's		
ORDS, 2 requires en signe or to bur	NOI	PART 2 OTHER SIGNIFICANT C							130	
AL RECC	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIC	N WAS PERFORMED	YES NO X	IN CERTIFYIN	ERE FINDINGS G CAUSES OF I	USED DEATH?
ON OF VITA HYSICIAN: TI ding physici is certificate burial-transi Mental Hygi rr flem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	OR PART 2)	
VISION G PHYS attendin er this c s the bur r and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
TENDI ortal or TOR: A or use of Heal		220.1 certify that (1) (this haspit spw the deceased alive an abave, (1) (we) (did) (did nat	/	4.6	6 - 87 . °	nd that in (my) (pur) ppinion	to 6=19	date and hour an	87, that d from the cous	(1) (we) last
OR AIT OR AIT DIREC Sched C Dept. of Item		22b. SIGNATURE		. 0		DEGREE	HARRIS I.		22c DATE SIGI	
경투 경투 교		22d, PHYSICIAN'S NAME (TYPE OF	N VX	11		ATTENDING PHYSICIAN [AFF ICIAN []	6-22-8	7
TO HOSPITZ efoined by TO FUNERS should be d with the Sto		Dr. Jesus H.	Tan, M.			Frostburg Pl		burg, Ma	ryland	21532
BP	_(URIAL, CREMATION, REMOVAL SPECIFY) WILAL	73b. DATE			EMETERY OR CREMATORY S Cemeteru	23d. LOCATION CITY OF TOWN Westernp	out ADD	OUNTY	STATE
DHMH - 16 50M 4/83	_	INERAL DIRECTOR				25a. QAI	E REC'D. BY RECISION	R 256 REGISTRAF	S SIGNATURE	Mas.
(VRA 15, 4)		Fredlock's	Funeral	Home; Pi	edmor	it, WV	23 130L			

STATE OF MARYLAND



oy be age 3 deoth		CEASED NAME OR PRINT)	ADRIAN		RENE		NBAKER		UNE 18,		5:20P
ctar. po	3. SE	emale		hite		5. DATE C	F BIRTH 5-1911 YEAR	6 AGE LIN YEARS LAST BIRT	YRS	INDER I YEAR	HOURS M
185		RTHPLACE (STATE OR	FOREIGN 76	USA OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF ALLEGAN	Y COUNT		
10	Cı	umberland	d	SAC	RED HEART	HOSF	PITAL	Time usual occupation of the companies o	YORKING LIFE)	m'o'Fron	
1 the month of the	Mid	AL RESIDENCE (IF NUF	ATCPE	any	13Bare Residence Before	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e.STREED APPRESS	ZIPMODE	215	Box 2/
mpletely of 2 st		THER'S NAME Edward	H.MI	DDIE M	hite		Sarah	€ DOLE		npson	
Poges 1	(VAS DECEASED EVEI YES, NO OR UNKNOWN) 10		VAR OR DATES)	2121287		17 INFORMANT Beulah M. S	agal, Box 1	Frost	ourg,	Md.
physicion physicion physicion propers. smovol.		18 CAUSE OF DEA PART I. DEATH V	TH (Enter only WAS CAUSED IMMEDIATE	BY:	r line for (a), (b), and	ecos ve	nour hour	Ł		APPROXIA BETWEEN O	AATE INTERVAL NSET AND DEA
to the death ce by the ortending size remains, or condition, or contraction, or contraction or c		Conditions, if on gave rise to im couse (a), stat underlying cous	mediate ing the	(b)_	R AS A CONSEQUE	scans	Aury DISTAN				7 WK
o de de	_	PART 2 OTHER SIG	ONIFICANT CO	NDITIONS C	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART 160	
low requires s been signe ermit. Then p i prior to bun s ony injury, o	CATION	19a DATE OF OPERA	ATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W		
ICIAN; The low requires g physicon. ertificate has been signe rial-transit permit. Therip entol Hygiene prior to bus tem 18 shows ony injury, it	CAL CERTIFICATION	19a DATE OF OPER, 21a. ACCIDENT WAS UI OR CONTRIBUTING (IF EITHER NOTIFY MEE	NDERLYING CAUSE OF DEATH	21b. TIME C	OF INJURY	OPERATION OPERAT	N WAS PERFORMED	YES NO	IN CERTIFYIN	G CAUSES	
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35 J	1.	FORHAFER FUNERAL STATE REGISTRAR 1302 NATIO	HOME DEPARTM	STATE OF MARYLAN SENT OF HEALTH AND ME FERT IFPCATE OF DE	NTAL HYG	IENE 8 7	1 5	6	3
		CEASED NAME FIRST	MIDDLE	LAST			MONTH DAY	YEAR	26 HOUR
er death		RALPH	SHELDON	FINK		JUNE 30, 19			5:37PM _M
	3. SE		4 RACE	5. DATE OF BIRTH	ر المالي	6 AGE (IN YEARS LAST BIRTH	MONTH	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	4	Male	White	June 25, 1	934	53	YRS.	5.4711	
\$5	L '	W. VA.	76 CITIZEN OF WHAT COUNTRY?		RCED 🗌	9 BALTIMORE CITY OR ALLEGANY	COUNTY		MD.
Sittle Control	100	amberland	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) SACRED HEART I	(DDRESS)	UTION	(TYPE OF WORK FOR MOST OF		NARI	P BUSINESS OR
r must be	130 S	aryland Alle	other institution give residence before 13c. CITY OR TOW. Cumberl	and YES N	10 🔀	13e STREET ADDRESS / 1 Parkvie	zip code w Dr./	2150)2
)/(wall	14 FA	Stanley	E. Fink	15 MOTHER'S Mary	AAIDEN NA/	MIDDLE	Powe	rs	ī
medical		VAS DECEASED EVER IN U.S. AR. VES. NO OR UNKNOWN) YES KOTE	WAR OR DATES	Man a N		ret J. Fin			as above
to Burrol, cremation, or npvry, or other traumoti	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	NCE OF	O THE TERM	CAREINO.	DITION GIVEN IN	I PART 110	
ene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORA	MED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES		
ord Hyp		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			RY OCCURE	RED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART I	OR PART 2)	5.0
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21 14 mg		22a.1 certify that (I) (this hospings sow the deceased alive an	tol) ottended the deceased from		ur) apinion	death accurred an the da	te and havr and		that (I) (we) lost causes stated
PORTANT: # Rem		224 PHYSICIAN'S NAME : 150	Drey MAP	DEGREE ATT PH 22e ADDRESS	ENDING LYSICIAN	MEDICAL STAF	F	7-2	
# # D	100	GARY WAGON				WALSH-ROADCL	IMPERIAN	D, M	21502
		Burial, cremation, removal Burial	The state of the s	NAME OF CEMETERY OF CR Queens Poir	nt Ce		Miner	al	W.VA.
60M 7/84 5, 4)		John J. Hafe:	r, Jr. Lawal	e, MD 21502		JUL 083	256 REGISTRARY	Devis	Lon-Randalle

. . . TO THE REPORT OF THE PARTY OF T taline in the case of the state and the state of t MENT BY YOUTH AND STREET OF HIM ...

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-	-JUN	15 87		CEASED NAME FIRST		MIDDLE	t	AST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
, e	96 3		,,,,,	Nel1	S	nyder	F	ix		June 4, 1987		01:50A
O.	0.0		3. SEX		4. RACE		5 DATE C			6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	R IF UNDER 24 HRS
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0	Pour	Si S		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 AAA DDIE	D NEVER M	APPIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
eath	nero in 72	Q)	Ì	Virginia	USA		WIDOWE		ORCED	Allegany Cou	atv	M
the furth				TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTI	ITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND (OF BUSINESS OF
و ا	14/	7906	C	umberland		ed Heart		tal		Housewife	Own 1	Home
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N N	1	李			egany	LaVale	14		NO [13: STREET ADDRESS / ZIP CODE 225 National	Hwy./	21502
ig ig	12 S J	A Fin	14 FA	THER'S NAME	MIDDLE	LACT		15 MOTHER'S		WE		
w ye	ld E	()		William F	Henry	Snyder		Hel	en	WIDDLE	Swar	tzel
ec to	20	34		VAS DECEASED EVER IN U.S. A		16h SOCIAL SECU	RITY NO.	17 INFORMAN		ADDRESS		
e XO	1 50	n I	(res, no or unknown) (IF Yes, G	VE WAR OR DATES)	2276462	92	Mrs.	Juani	ta S. Fix - sa	me as	above
ALT ore b	1 94	A		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause pe	r line far (a), (b), an	d içili				APPRO!	XIMATE INTERVAL NONSET AND DEATH
T., B	183	1		PART I. DEATH WAS CAUS	TE C AUSE (a)	Schamic	beru	el with	. unfai	ction and shock		
S Z	ding	o pic				R AS A CONSEQUE	NCE OF			h		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours.	ove c	, non		Canditions, if any, which	((b) C	Beneral	med	arler	upsel	210515	400	ins
PR the	the property	er fr		gave rise to immediate couse (0), stating the	DUE TO, C	R AS A CONSEQUE	NCE OF					
F ¥	by	r oth		underlying cause last.	(c)							
S, 20	gned en ple	ry. o	_	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1	10
ORD requ	en si	in .	IFICATION	Ulno	rd. F. bu	Maker	\					
,	s be	8	CA	190 DATE OF OPERATION	196 CONE	ITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	28a AUTOPSY? 20b. IF YES	YING CAUSE	INGS USED S OF DEATH?
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TIE	or CTO	21		sow the deceased alive o abave, (I) (we) (defined a	ot view the body	after death.	a	nd that in (my) ((aur) opinian	death accurred an the date and hou	r and from the	e couses stated
S S	ho ho	Her Her		22b. SIGNATURI	-			DEGREE			22c. DAT	ESIGNED
AL O	AL Deto	T: If		100	-		ON	17 - A	PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	6/3	1187
SPIT	FUNERAL	PORTAN	1	22d PHYSICIAN'S NAME (TYPE	S PRINTS CHW	ART7		22e ADDRESS				
오	TO FUNER should be	POR		22d PHYSICIAN'S NAME (TYPE DR. Dr.	V. Rual	Felipa		925	Bishop	Walsh Road, Cum	berland	d, Md. 2
5	T T	3 ₹	23a E	SURIAL CREMATION REMOVA	23h DATE	23c. 1	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION	1000	
	BP			SPECIFYBurial	Jun 8	,1987 S	tone	wall J	ackson	n Cem. Lexingto	n, Roc	kbridge
		_				, -				0		

Harrison Funeral Home

STATE OF MARYLAND

LaVale, MD 21502

CEPTIFICATE OF DEATH

Aulia Divideon Rea

714 South Main SEPARIMENT OF HEALTH AND MENTAL HYGIENE

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

John J. Hafer, Jr.

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DHMH - 16 60M 7/ (VRA 15, 4)

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11/11		REGISTRAR TEM 16		297/7/87 CERTI	FICATE OF DEATH	REG. N	0. 1 3 0	U C
0 11	TYPE	CEASED NAME FIRST EULF	MIDDIA	Z RAE 7	PRANKS	20. DATE OF DEATH	5-15-87	26 HOUR O
	3 SE	* FEMALE	4 RACE	5. DATE MON	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR MONTHS DAYS	
Townson The Control		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA	T COUNTRY? 8 MARRI	ED NEVER MARRIED D	9 BALTIMORE CITY O	COUNTY OF DEATH	440
orfice o		TY OR TOWN OF DEATH	11. NAME OF HOSP		PROTHER INSTITUTION	126 USUAL OCCUPATION OF STANDARD HOUSEWIE	F WORKING LIFE) INDUSTRY	OF BUSINESS OR EHOLD
e e	LIDU.	AL RESIDENCE (IF NURSING HOME OF						EHOLD
3	MA	ARYLAND A. A		DENTON	AES WO XX	1309 Berg	zip code ger st /	11/3
N Compu		ATHER'S NAME GEORGE	MIDDLE	CLARK	15. MOTHER'S MAIDEN NAME ORABEI	MIDDLE	CLARÎ	K K
medical		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	SOCIAL SECURITY NO	17 INFORMANT CAROLYN BA		BERGER S'	
then			2.	20-04-221	G CAROLIN DA	KINES ODEL	NTON, MD 2	XIMATE INTERVAL
event,		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	D BY: IE CAUSE (a)	andio	palmona	any ar	NET/ BETWEEN	ONSET AND DEATH
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er trau		Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO OP AS	A CONSEQUENCE OF	ngococo	- They	archion	
or other		underlying couse lost.	iel_	A CONSEGUENCE OF		0		
jury, o	Z	PART 2. OTHER SIGNIFICANT (ONDITIONS CONTR	BUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	(0)
i j	CATION	196. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	INGS USED
SMO	<u></u>					YES NO	IN CERTIFYING CAUSES	NO [
18 5	L CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		URY MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
or Item	WEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M.	19	211. LOCATION			
morkedo	MEC	WHILE NOT WHILE AT WORK	21e. PLACE OF IN	ACTORY, OFFICE, FARM, ETC }	ZII. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
· v		220.1 certify that (1) (this haspi	1 - 151	/	19	, to		, that (I) (we) last
If Item 21		sow the deceased alive on above, (I) (we) (did) (did no 22b. SIGNAT	t) view the body ofter	d o/h. 19	and that in (my) (our) opinion	death accurred on the de		e causes stated
TT: If the		2. SIGNAT D. J.	Dollo		D. ATTENDING PHYSICIAN	MEDICAL STAI		5/07
MPORTANT:		224 PHYSICIAN'S NAME (TYPE O		EINM	2. 205 R	Typely A	ve Anno	p. 15 m.
=/	23a B	BURIAL, CREMATION, REMOVAL burial	23b. DATE 6/19/87		OF GOD	GAMBRILI	S AAY	MDSTATE
1.7.01		UNERAL DIRECTOR			25e. DAT		ath DECUSTRANC CICALA	TURE
Λ 7/84 6)	I	HARDESTY FUNE	RAL HOME	ANN, MD	21/01	N 1 8 1987	Julia Bandion	Kandalla

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MORE, MARYLAND 21201	1	executed within 24 hours after
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of
	D	HOSPITAL OR ATTEN

				FUNERAL H	OMETAT	E OF MARYLAND			
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or setter	1	umkerland		SACRED HEART HOSPITAL			(TYPE OF WORK FOR MOST OF Machinist-F	WORKING LIFET INDIA	STRY
BALTIMORE, MARYLAND 21201 cate be executed within 24 hoursy spicion and completely filled in by opers. Pages V and 2 should be file ivol. it, the medical exemper role the in	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 CO		13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /		
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SALTI ore b sicior ool.		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause pe	r line far (a), (b), and	d (51.)	1 .1 . 0	`		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
N ST., BAI certificate ing physic rban pape ir remaval.			ISED BY: IATE CAUSE (0)	nei	May	rixe Co	ucenon	na 5	mores
death ce ottending ove carb			DUE TO, C	OR AS A FONSEQUE	NCE OF	Pula	CHanga and	/	(10 1
RESTO:		Conditions, if any, which gave rise to immediate	(b)_) cor	- AC	warmen.	1.9000	juin	1
that the day the ease re		couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF							
res the n plea		PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND		RT 110
icords,	NO.	Charcot Marie Touth Dis Dogen and Thity anemy (Carrey)						/	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certificate this certificate has been signed by the attending phasticion. Since this certificate has been signed by the attending phaster this certificate has been signed by the attending phaster has a proper that the please remove carbon phase and Mental Hygtene prior to buriol, cremation, or removed at them 18 shows any injury, or other traumatic every accordance or the property of the property	CERTIFICATION	198 DATE OF OPERATION	19b. COND	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	20b. IF YES, WERE F	USES OF DEATH?
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DIVISION NG PH after the street of the and	Ž	WHILE NOT WHILE AT WORK							
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R ATT hospiral Act of food food food food food food food		above, (1) (we) (did) (did		y alter death	, 0	DEGREE	/ deconrect on the dol		DATE SIGNED
HOSPITAL OR AT' ined by the hosp FUNERAL DIRECT old be detoched to h the Store Dept. of ORTANT: # hem 2		1/9	Mean	10015	M	ATTENDING	MEDICAL STAFF	IAN D	8-17
SPITA NERA Peda Sto		224 PHYSICIAN'S NAME (TY	PE OR PRINT)	3000		22e ADDRESS			
TO HOSPITAL etained by to FUNERAL should be de with the State MADATANT.		GEORGE E	BREZA, M.	D., BMG		912 SETON	DRIVE, CUMBE	ERLAND, MI	21502
T is it is	23a E	BURIAL, CREMATION, REMOV				CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		urial UNERAL DIRECTOR COOK	6-9-8			Memorial Park	Cumberland	I-Allegany	z-Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME GEOL		rch Funer		me, P.A.	e rec'd. by registrar 2 N 1 5 1987	Julia Devide	W. Kadalas
(400 13, 4)	_4	02 Greene Stre	et-Cumbe	rland, Ma	rylar	a 21502 1 00	11 - 0 1001	<u> </u>	

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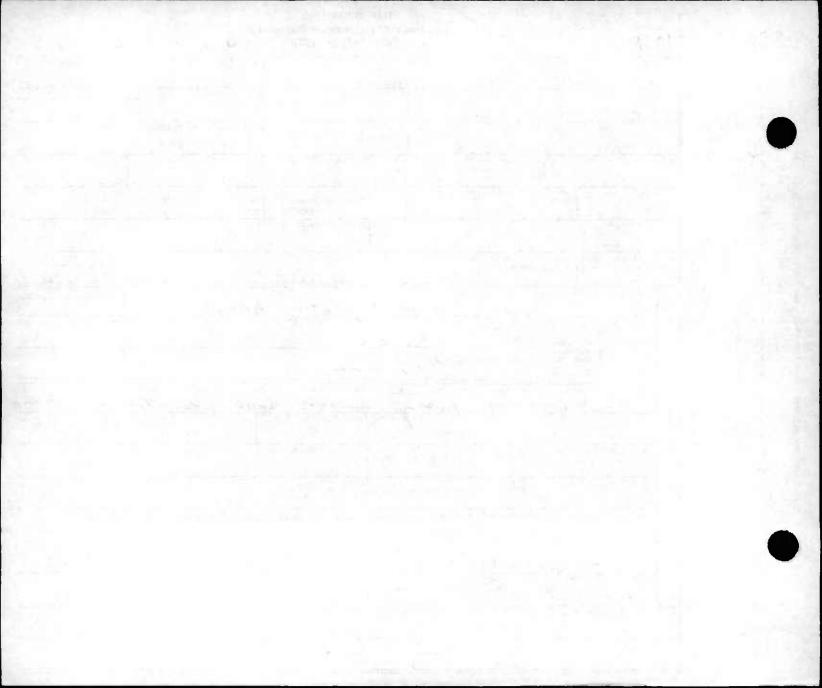
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DEPARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE
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	REGISTRAR				CERTIF	ICATE OF DEAT	rh	8 REG. I	NO.	0 6	5	27
	DECEASED NAME	FIRST		MIDDLE		AST		20 DATE OF DEATH	MONTH OAY	YEAR	2b. HOU	JR -
	M:	ira	Sne	ear	Full	er		June 4.	1987		5:20	Mg_0
3. 3	SEX	4.	RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST B	IRTHDAY) IF	UNDER I YEAR	IF UNDER	R 24 HRS
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70	BIRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARE	RIED X	BALTIMORE CITY	OR COUNTY O	FDEATH		9534
1	Maryland		U.S	5.A.	WIDOWE		CED 🗍	Allegan	7			MD.
10	CITY OR TOWN OF DE	ATH 11	. NAME OF			OR OTHER INSTITUT		120 USUAL OCCUPA	ION	12b. KIND O	FBUSINI	ESS OR
L	Westernport			Manor Nu		Home		Clerical S		Gas C	0.	- 327
13	UAL RESIDENCE (IF NUR	136 COUNT	HER INSTITUTION	GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY L	IMITS?	13e STREET ADDRESS	/ 7IP CODE			
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14	FATHER'S NAME		DOLE	LAST		15 MOTHER'S MA	IDEN NAM	E MIDDLE		LAS	7	
	Howard		M.	Fuller	TEN!	Rosa		Lillia	an	Ka		
160	WAS DECEASED EVER	IN U.S. ARM	D FORCES?	166 SOCIAL SECU		17 INFORMANT		ADD	RESS 8-F F	hlox		le
	NO NO OR UNKNOWN)	(IF YES GIVE V	VAR OR DATES)	167-07-	2239	Dale Ful	ler		Owings			
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Z		Con	man	Ante	5/	disense	w	it a	meter	Han	57	nen
7 3	190. DATE OF OPERA	TION	196. COND	ITION FOR WHICH	PERATIO	N WAS PERFORME	D	20s AUTOPSY?	206. IF YES, V			
CERTIFICATION					/			YES NO X	IN CERTIFYII		OF DEAT	
4 5	210. ACCIDENT WAS UN	DERLYING	21b. TIME C	F INJURY		21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF IN.				<u></u>
	On CONTRAINUSTING			M. MONTH D.								
20	(IF EITHER NOTIFY MED			M.	19	21f LOCATION						
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1	AT WORK AT WO	DRK DRK									65.47	
	22a. I certify that (I	(this hospitol) ottended th	e deceased from_	Ma	У	9.87	_, to_June_	1, 19	87	thot (I) {	we) lost
	saw the decea abave, (1) (we)	ed alive an	view the hady	after death	, ai	nd that in (my) (aur	apınıan de	eath occurred on the	date and have o	nd from the	causes st	ated
1	226. SIGNATURE	/	view nie body	aner deam.	0	DEGREE				22c DATE	SIGNED	
		- (0.	n M	Tel	/		DING		AFF	6-1	0-8	7
H	22d PHYSICIAN'S N	AME LITTE OF P	,			22e ADDRESS	ICIAN []	DIRECTOR ES PHIS	ICIAIN [101	-	
	Dr. Jest						MIRO D	Plaza Fros	thuse N	vm 21	522	
-			0 0						thurg, I	ערי ערי	532	
230	BURIAL, CREMATION	, REMOVAL	236 DATE		NAME OF C	EMETERY OR CREA	AATORY	23d. LOCATION CITY OR TOWN		COUNTY	5	STATE
L	Burial		6-6-8	7 R	lose H	ill Cemet		Cumberla				and_
24	FUNERAL DIRECTOR	George	-Upchui	rch Funer	al Ho	me, P.A.	25a. DATE	REGIDITAL BEEN HA	R 256 REGISTRA	R'S'SIGNAT	RE	A.A.
	202 Greene							- 0 1507	0			



	D	death. P	Moneral o	M 177	A Sala
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 fours after death. Frequed by the haspital or otherding physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physical and completely filled in by the funeral control of	should be detoched for use as the buriol-tronsit permit. Then please remove carbonary and the standard be that with 172 in with the State Dept. of Health and Mental Hygiene prior to burial, cremation, in removal.	IMPORTANT III III III III III III III III III I

		UNERAL HOME	STATE OF MARYLAND	NIPALP.	
056117 Jul	TATE 60 W. MA	IN SI. FROST PADA	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	5 6 3 6
m c	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 25 HOUR
noy be poge 3	MA	RTHA LEE	GILL	JUNE 4,1987	4:50P M
a de la de l	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF L	INDER I YEAR IF UNDER 24 HRS
ector rs of	FEMALE	WHITE	7/6/11	75 YRS.	
4 44	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY OF	DEATH
	MARYLAND	U.S.A.	WIDOWED DIVORCED	ALLEGANY COUNTY	MD.
1 /1 /4	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
	CUMBERLAND	(IF NOT IN SUCH FACILITY, GIVE STREE SACRED HEART		HOUSE STAFF	CODDEGE
212 1 Pre 1	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOUNTY 13c. CITY OR TON		13e STREET ADDRESS / ZIP CODE	
ON THE STATE OF TH	MARYLAND ALI	LEGANY FROSTB	URG YES X NO	101 WOOD ST.	21532
KYI Peter Pe	14 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
MAN be digitally	PHILIP	JENKIN	S DORA	MIDDLE	EISEL
RE, ecut	160 WAS DECEASED EVER IN U.S. A		URITY NO. 17 INFORMANT	LaVALEODREMD 2	1502
DWI Pe es	(YES NOOR UNKNOWN) (IF YES	A. 2140717	52 MRS. EDYTH	E SPOERL, 615 NA	ATIONAL HGY
	18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b), as	nd (c ·)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d ST., BAL		SED BY: ATE CAUSE (a)	ac (these		
NO a s		DUE TO OR & A CONSEQU	ENCEOF O 1	, 1	
deoth deoth other other one or	Conditions, if any, which	1 Some G	-4 sleeding a	Meinin	
P. the state of th	gove rise to immediate couse (a), stating the	DUE TO OR AS A CONSEQU	ENCE OF L	1. 1.11	
that the start t	underlying couse lost.	1 Eryth	seulemin &	Montocytal.	enia
20 8		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION DIVEN	IN PART 11a
ORDS, require an sign or to be injury	19a DATE OF OFFIATION 21a. ACCIDENT WAS UNDERLYING	eppellia of	son sivers	culos. S. Mata	(Hering)
low re spen reprint. I prior	Y 19a DATE OF OF BLATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?
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SICIA Ng P Certification	(IF EITHER NOTIFY MEDICAL EXAMIN	IER) P.M.	19		
PHY? tendir this he bu	(IF EITHER NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	PARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING P or otter After the cost he olth and morked	AT WORK NOT WHILE AT WORK		ma 1211 0	7. 5.11	DA
ND ND NS A		pital) pitended the defeosed from	10 J J 19	. to 11. 19.	that (we) lost
Spirit of of of 12	above (I) we (dio) (dio	nor view the body after death.	, and that in (my) (our) opinion	death occurred on the date and hour or	nd from the couses stated
OR A boshed bobbt.	27h BIGHANORE	1 11	DEGREE	A MERCICAL STAFF	22c. DATE SIGNED
by the by the ERAL I ERAL Store	CUMMY &	yem you	PHYSICIAN [DIRECTOR PHYSICIAN	June 5.8/
SPII d b d be d be SIA	THE PHYSICIAN'S MAME LIVE	All Anna	22e. ADDRESS		
TO HOSPITAL Cretorined by the TO FUNERAL D should be detoc with the Stote D IMPORTANT: If	CHANG OH	M.D.	48 TARN TER	RRACE FROSTBURG, MD	21532
7	23a BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	OUNTY STATE
BP	BURIAL	6/6/87 F	ROSTBURG MEM PA	RN FROSTBURG AL	LEGANY MD
DHMH - 16 60M 7/84	Thirthir		MATN ST 250. DA	TE REC'D. BY REGISTRAR 251, REGISTRA	R'S SIGNATURE
(VRA 15, 4)	SCHOOLS PUNER		TRURG	UN9 1987 Julia Da	Brown V.
	NAME OF TAXABLE PARTY AND ADDRESS OF TAXABLE PARTY.				

104. To 204 . Th. 17 41 . T 65

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME MIDDLE 20 DATE OF DEATH YEAR MONTH 25 HOUR (TYPE OR PRINT) 420 PM atild 5. DATE OF BIRTH IF UNDER 1 YEAR 1389 Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Onaconika NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? ROSTB 4. FATHER'S NAME FIRST MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY C415 IMMEDIATE CAUSE 10 DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygien NOL YES [NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR burial-tr OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE ATTENDING 22a.1 certify that (1) (this haspital) attended the deceased from DIRECTOR June 22 sow the deceased alive on Une 22 obove. (I) we (did) did not) view the body after death. and that in (my) our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF FUNERAL I PHYSICIAN P DIRECTOR PHYSICIAN [IMPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS

DHMH - 16 60M 7/B4 (VRA 15, 4) PURSTIFUNERAL HOME, FROSTBURG, M

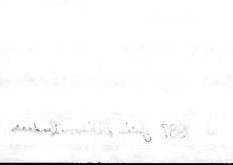
230. BURIAL, CREMATION, REMOVAL

JUL 0 6 1987

Julia Devideon Randall

Baltimore Ave. Cumberland, MD

(VR A15 ME (5))



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ENDING PHYSICIAN. The law equit-
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058	184 11	.] -	SJATE	DEPA		HEALTH AND MENTAL HY	8 7 REG. NO	15	5 3 4
000	61		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH		YEAR 26 HOUR
4	eoth eoth	(TYPE	GERA	LD HASKEL HAI	RMAN,	SR	JUNE 26, 1	987	5:35A M
200	0.0	3. SE	X .	4. RACE	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	R 1 YEAR IF UNDER 24 HRS
9	director,		male	white	MON	08-17-1920	66	YRS.	DAYS HOURS MIN.
800	Po di	7e. Bl	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8.	ED NEVER MARRIED	9 BALTIMORE CITY O		ATH
	nerol na 72		WV	USA	WIDOW		Allegany		MD
1	0 > 0	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR		OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON 12b.	KIND OF BUSINESS OR
10	× 10 0/ /	C	UMBERLAND	MEMORIAL HOSP			retired	·	textile
BALTIMORE, MARYLAND 2120	d in	13a. S	AL RESIDENCE (IF NURSING HOME (STATE 13b. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEI		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	7 TIP CODE	
RYLAND	Seried to the se		MD Al	legany Cumbe:		YES NO KX	Route 4 B	ox 376-I	rons Mt./2150
RYL.	rid sely	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		LAST
W Y	() ()		Doc	H. Harman			ary Viola Pi	per	1731
DRE, MA	Pages 1		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRE	SS	
LI W	Page 1		no	220-10-	-0237	Mrs. Betty	J. Harman,		
BAL	287 #		18. CAUSE OF DEATH (Enter of	anly ane cause per line far (a), (b),	and (ci.)	0	10	E	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST., I he death certific he attending phy efficies carbonate	the physical property of the physical property		PART 1. DEATH WAS CAUS	ATE CAUSE (a)	ull	Way Hear	1 yaile	9.00	
	ding or to or to			DUE TO, OR AS A CONSEC	QUENCE OF				
153	other flow out		Canditians, if any, which	(1b) Qeo	Direce	ed afferos	elenne		
2	at the state of th		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	OUENCE OF				
201 W.	a contact		underlying cause last.	(c)					
	d de de	,	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN I	PART Ita
ORD	MESS.	ě	werelig		outs	Jeales	e lucelle	fri.	
REC		<u>§</u>	19a. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	ONWAS PERFORMED	200 AUTOPSY?		FINDINGS USED CAUSES OF DEATH?
DIVISION OF VITAL RECORDS,	Short A	CERTIFICATION	ACCIONATIVACIA DEBUGA	E SIL TIME OF BUILDIN		Tab How Bulling Consul	YES NO	YES [NO 🗌
5 7	4 0 B 4 00	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	LIGHT LIL HOLITIE	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM IB PART 1 OR	PART 2)
0 0	9.854	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		19	ANG LOCATION			
OISI OH	d d d d	MED		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC)	21f. LOCATION STREET	CITY OR TO	wn co	UNTY STATE
20	Affer of the state		WHILE AT WORK AT WORK			/56	2 / 12/	5	
7	Heed St.			pital) attended the deceased fram	0700	and that in (my) (aur) apinian	death assured as the de	19_24	. mor (i) (we) lost
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		abave, (I) (we) (did) (did r 22b. SIGNATURE	an		DEGREE DEGREE	dean accorred an me de		c. DATE SIGNED
100	P Dep #		(00	0 1			MEDICAL STAF		1 1 -
	A State A		22d. PHYSICIAN'S NAME (TYPE	CO DOLLER	- 1h	PHYSICIAN [IAN	6 36 193
9			220. THI OICIAL OTTAME (III			HOTAL DELICATE L			
	1 2 t d 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		DR. WILLIAM P	TAMES		Cumberland	Maryland	21502	
	to Funeral thould be der	22- 0	DR. WILLIAM P		. NIAME OF	Cumberland,		21502	
	£ 5€2 ₹		SURIAL, CREMATION, REMOVA	AL 23b. DATE 23		CEMETERY OR CREMATORY	23d. LOCATION	COUN	TY STATE
	Bb————————————————————————————————————	(BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY Gap V/A Cemet	23d LOCATION CITY Flints	COUN	egany MD

STATE	OF	MARYL	AND

EPARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	B 7 REG. NO.	5	6	4	(
LAST	26 DATE OF DEATH MONTH		YEAR	-	
HARMAN, JR.	June	5,	1987	11	:2

1	- STATE REGISTRAR				CERTIF	ICATE (OF DEATH	8	REG. NO	0.	5 0	4	(
	CEASED NAME E OR PRINT)	KEITH		PAUL	HARMA	N, J	R.	20 DATE	OF DEATH	June	DAY YEAR 5, 1987	2b HOU	ur : 20 ^a
3. SE	Х		4 RACE	-	5. DATE O			6. AGE	IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR		
1	MALE		WHIT	2	MONT!	15/8	7 YEAR			YRS	MOINTRS DATE	HOURS	30
	IRTHPLACE (STATE (OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NE	VER MARRIED	9. BALTIA	MORE CITY O	R COUNT	Y OF DEATH		
	ARYLAND		ALLEGA	NY	WIDOWE	-	DIVORCED [Allega	any			ME
	ity or town of d Cumberland			HOSPITAL, NURSIN THEACILITY, GIVE STREET Memorial	ADDRESS]				AL OCCUPATI VORK FOR MOST O *****	F WORKING	LIFE) INDUSTR	OF BUSIN Y ***	ESS OR
	AL RESIDENCE (IF NO STATE RYLAND	1136 & DU		GIVE RESIDENCE BEFORE 13t. CITY OR TOW FROSTBU	N	13d. INSI YES [2	DE CITY LIMITS?	13e.STREE	ARMS	ZIP COL		. 21	532
14. F.	ATHER'S NAME	310	MIDDLE	LAST	300	15. MOT	HER'S MAIDEN NA	AME	WIDDLE			AST	
	KEITH		P.	HARMAN			JO ANN				CHAI		
	WAS DECEASED EV YES, NO OR UNKNOWN) NO		RMED FORCES? VE WAR OR DATES!	16b. SOCIAL SECU 未本来		MR.	RMANT AV	E.,	FROSTI ARMAN	BURG 20	7	21532 STRON	
	18. CAUSE OF DEA PART I. DEATH	WAS CAUSE		line for (a), (b), an Cardi		hepen	insufic	eng			APPRO BETWEE	DXIMATE INTE N ONSET AND	RVAL DEATH
	Canditions, if a gave rise to i cause (a), sta underlying cau	immediate ating the	DUE TO, O	RAS A CONSEQUE RAS A CONSEQUE Early la	1.21	MKZ	gesta	tien	twin	delin	1 9		
NO	PART 2. OTHER SI	IGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT REL	ATED TO THE TERM	MINAL DISE	ASE OR CON	DITION G	IVEN IN PART	lia	
IFICATION	190. DATE OF OPER	RATION	IN CERTIFY!								WERE FINDINGS USED ING CAUSES OF DEATH?		

I	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUT		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH			
ı				YES 🗌	NO	YES 🗌	NO 🗌		
I	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	ENTER N.	ATURE OF INJUR	Y IN ITEM 18 PART I OR PA	RT2)		

HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY 21d. INJURY OCCURRED

211 LOCATION

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from

CITY OR TOWN and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated

sow the deceased alive an June 5 above, (1) (we) (did) (did not) view the body after death

ATTENDING PHYSICIAN MEDICAL STAFF

PHYSICIAN

22c. DATE SIGNED

STATE

STATE

COUNTY

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Dr. Robollah Moanie

230. BURIAL, CREMATION, REMOVAL

FOR

22e. ADDRESS 925 Bishop Walsh Rd., Cumberland, Md. 21502

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

DEGREE

CITY OR TOWN COUNTY GARRETT

Works MAIN ST. FROSTBURG

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR. etoined by the hospital

should be detached with the State Dept. IMPORTANT: If Item

the burial-transit permit. Then and Mental Hygiene priar to bu certificate has bee

SERIE . SVA BNOWS PA NES EN TENDER OF THE STATE OF THE STAT - JULI S 1987 J. 1. 15 16 - A July

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funeral director, page 3 this 72 hours ofter death

ompletely filled in

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3		
	1	
,	REG. NO.	

	1 -	STATE REGISTRAR			DEI ARTI	CERTIF	ICATE OF D	EATH	8	REG. NO		5 6	4		
		OR PRINT)	MEGAN	ASH	LEY	HAR	MAN		20. DATE C	June	монтн 5 ,	1987	26 HC	1 2	
Ì	3 SEX	(4. RACE		5. DATE C		YEAR	6. AGE (IN	YEARS LAST BIRT	HDAY)	MONTHS DAYS		ER 24 HRS	
1	FE	MALE		WHIT	E	6/5	5/87	TEAK			YRS.	MONTHS	HOOKS	43	
-		RTHPLACE (STAT	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER M	ARRIED X	9. BALTIM	ORE CITY O	COUNT	Y OF DEATH	1		
1	MA	RYLAND		U.S.A		WIDOWE		ORCED	- 1	Allega	ny			MD.	
	10. CI	TY OR TOWN OF Cumberla	nd	11. NAME OF I	HOSPITAL, NURSIN H FACILITY, GIVE STREET MORIAL HO	spita		TUTION	(TYPE OF WO	OCCUPATION RK FOR MOST OF 本本本本				NESS OR	
200	USUA 13a. S	AL RESIDENCE IF	NURSING H WE	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CI	TY LIMITS?	13e STREET	ADDRESS /	7IP CODI	F	-		
		RYLAND	AT.T.E		FROSTBU			NO 🗌	206		STRO		6. 2	1532	
1	14. FA	THER'S NAME			LAST		15. MOTHER'S		WE						
Л		KETTH		MIDDLE	HARMA	N	JO	ANN		WIDDLE		CHAI	AST V		
1		AS DECEASED E	VER IN U.S. AR		16b. SOCIAL SECU		17. INFORMAL		FROS	STBUR	86 M				
	(1	NO OR UNKNOWN		VE WAR OR DATES)	****		MR K	ETTH,		ARMAN				NC	
			-		line for (o), (b), one	dia t	1 1 11 1 1	44 4 4 4	4 4 114	,	- 200		DXIMATE IN	TERVAL	
1			H WAS CAUSE		C 2:01	a net	pirator		. 01			BE I WEE	N ONSEL AL	NU DEATH	
-1			IMMEDIA	TE CAUSE (o)	Carol	Oras	2111010101	7 13	79615	iency					
				DUE TO, O	R AS A CONSEQUE	NCE OF			4 .	~					
1		Conditions, if ony, which (16) I maturity 21 WKS gestation Twin deline								Apr					
1		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF									9				
	100	underlying couse lost. (c) Early lake													
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110													
	NO.														
3	CERTIFICATION	190. DATE OF OP	ERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			RMED	20a AU	TOPSY?		S, WERE FIND				
	IFI											ES	FYING CAUSES OF DEATH?		
100	ER	21a. ACCIDENT WA	S UNDERLYING			216 HOW INJURY OCCURRED (ENTER NAT			NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 21				
4	1	OR CONTRIBUTING		AIH	M. MONTH DA										
	MEDICAL		MEDICAL EXAMINE		M. OF INTURY	19	21f. LOCATIO	N							
н	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F						CITY OR TO	Y OR TOWN COUNTY STATE			STATE			
			I WORK			-		996-9		-		9-1			
					e deceosed from	June	2	, 19 0 (, to	June 5		198/		(we) lost	
		sow the de- obove, (I) (v	ceosed olive or ve) (did) (did na	June 5	ofter deoth.	, 01	nd that in (my)	our) opinion (deoth occur	red on the do	te ond ho				
		726. SIGNATURE DEGREE									22c. DA1	TE SIGNE	D		
		Kanalan Warnie ND ATTENDING MY							MEDICA	R PHYSIC					
71		22d. PHYSICIAN'S NAME (TYPE OR PRINT)					22e. ADDRES							01.500	
		Dr. F	Robollal	n Moanie			925 B	Lshop W	lalsh	Rd., C	umbei	rland,	Md.	21502	
-	23n B	BURIAL, CREMATI	ON REMOVAL	736 DATE	T23e 1	NAME OF C	EMETERY OR C	REMATORY	23d. LO	CATION					
		SPECIFY)	LT.	0101	300	יים יים				TY OR TOWN		CARRET	nm	STATE	
	24 5	A Court	M	10///	· COOL	3/4 7737		METER 250. DAT	F REC'D RY	REGISTRAR	ShaREG IS	TO BOYC CLOS	TILE -	MD	
	-	Traue	47/1	Luci	+DDRESS	MAIN	ST.	11 1 A I	161	387	ilia D	conduct.		No.	
	S	OWERS I	FUNERA	L HOME	FROSTB	UKG		JUN	10	501					

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

In the medical is marked or frem 18 shows any injury, or other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove corbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ALBOY TO DOT THE DOT MAD AND ADDRESS. event, the

ar ather traumatic

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MPORTANT: If Hem 21 is marked

CERTIFICATION

MEDICAL

FOR STATE REGISTRAR			DEPARTN	MENT OF H	TE OF MARYLA HEALTH AND A FICATE OF D	MENTAL HYG	SIENE 8	REG. N	10.	5	6	4	la.
EASED NAME OR PRINT)	FIRST		MIDDLE	I I	LAST		20. DATE	OF DEATH	MONTH	DAY	YEAR	2b HOUR	-
	DORIS		M.	HARE	RIS				6	14	87	0331	AM .
		4 RACE		5. DATE C			6. AGE (III	N YEARS LAST BIR	RTHDAY)	IF UNDE	RIYEAR	IF UNDER 2	
FEMALE		White		02		17	70		YRS.		DAYS	HOURS	MIN.
THPLACE (STATE DUNTRY) nnsylvan		76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	ED NEVER M	MARRIED		ORE CITY O			ATH		MD.
Y OR TOWN OF		(IF NOT IN SUC	HOSPITAL, NURSING CH FACILITY, GIVE STREET A	IG HOME C			120 USUA (TYPE OF WO	L OCCUPATION FOR MOST C	OF WORKING	LIFE) IND	USTRY	F BUSINES	SS OR
BERLAND	NAME OF THE OWN OF THE OWN	MEMOR	11111 11001 1				Hous	sewife		1	n Or	wn Ho	me
AD	13b COUN		N. GIVE RESIDENCE BEFORE 13c. CITY OR TOWN CUMBERLA	'N	13d. INSIDE CI	NO 🗌	1'	721 Be	/ ZIP COD	DE 1 Str	reet	/215	02_
	Tarbox	MIDDLE	LAST			S MAIDEN NAMERST	ME	MIDDLE artz			LAST		
AS DECEASED EV es, no or unknown)		MED FORCES? E WAR OR DATES)	166. SOCIAL SECUR		Mr. R	Robert V	W. Ha	rris,		umbe	erla	nd, Hu	is band
	H WAS CAUSED	Ď BY: E CAUSE (¤)	or line for (a), (b), and	e m	чоса	rdial	Inf	arct i	en		APPROXI ETWEEN C	mate intervoluser and b	AL EATH
underlying co	immediate tating the suse last.	(b)	DR AS A CONSEQUE	ona	d by	Chroni	i Se	vere (COP	24.	10 y		
CN.	vonic	Serve	ere Or	bstr	huctiv	ie Pu	INAL DISEA	SE OR CON	DITIONG	IVEN IN F	PART Mo	ک	
9a. DATE OF OPE	RATION	196. COND	DITION FOR WHICH (OPERATIO!	N WAS PERFO	RMED	20a AU	TOPSY?	IN CERT			GS USED OF DEATH NO	
210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DEAT	1111	DF INJURY M. MONTH DA M.	AY YEAR	21c. HOW IN.	JURY OCCURR	RED (ENTER !	NATURE OF INJU	IRY IN ITEM 18	PART I OR	PART 2)		
21d. INJURY OCC	URRED	21e. PLACE	OF INJURY	ARM, ETC)	211. LOCATIO STREET			CITY OR TO	OWN	CÓI	VINIY	STA	ATE

couse (a), stating DUE TO, C underlying couse SIGNIFICANT CONDITIONS en 190 DATE OF OPERATION 19b. CONE 210. ACCIDENT WAS UNDERLYING 21b. TIME HOUR A OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE (AT HOME, S IT WORK AT WORK June June 220.1 certify that (1) (this haspital) attended the deceased from. 13 June saw the deceased alive an 3 June above, (I) (we) (did) (did not) view the body after death and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

22d. PHYSICIAN'S NAME

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 22e ADDRESS

22c. DATE SIGNED

DR. GRAMMS

21502 CUMBERLAND. MD

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 6-17-1987 23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

DEGREE

CITY OR TOWN Cumberland.

Allegany. Md.

Burial
24 FUNERAL DIRECTOR James F. Scarpelli

226.CSIGNATURE

FOR - STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

FEMALE 7a BIRTHPLACE

10. CITY OR TOWN OF DEATH

(YES, NO OR UNKNOWN)

COUNTRY) Pennsylvania

CUMBERLAND

4. FATHER'S NAME

13a. STATE

MD

3. SEX

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTIO

Frank Tarbox 160 WAS DECEASED EVER IN U.S. ARMED FORCES

Cumberland Md

BP.

THE PERSON					
		T T		0118x	3,14/23
	AHADSTIV				nlwavI same
					DRAJESENIS
			00A,628	MO YEARS	JA JH
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end bull, but Include.	To internet .	tanine			2024
				3	

	2/		OR		n	COADTAAC	STATE OF	MAKTLAN	ID BITAL HV/	CIENE			
NEL 3	13/2	1-	STATE REGISTRAR				AMINER'S			(1)/	REG. NO.	5 6 4	1 3
7363	20 Juli	I. DEC	EASED NAME OR PRINT)	Allen	Du	yen De	wayne (pole	Hiett	20. DATE OF DEATH	ESTI- MATED	6 419	87 I:A M
	JR F	3. SEX	M 4. R	W	5. DATE OF BIRTH MONTH DAY 02-14-19	YEAR	GE (IN YEARS IF AST BIRTHDAY) MC 17 YRS.	NDER 1 YR.	HOURS M	PRONOUN DEAD		6 4 19	87 Lizon
•	VECESSARY JNERAL DI FOR YOU WITHIN 7	FOI	RTHPLACE (STATE	OR	76. CITIZEN OF WH.	at Country	MA	RRIED NEV	/ER MARRIED	TV	ORE CITY OR CO Allegany	DUNTY OF DEAT	TH MD.
	AY IS AGE ELED	10. CI	YORTOWN OF Cumberl		11. NAME OF HOSP (IF NOT IN SUCH FAC Route			THER INSTITUT	ION II	USUAL OCCUI FOR MOST OF WOR student	PATION (TYPE OF W KING LIFE)	OR INC	oustry school
21201	ANY DEL	USUA 130. ST	ATE MD	13b. COUN' ATTE	R OTHER INSTITUTION, GIVE Egany	13c. CITY OR Cumb	TOWN erland	13d. INSIDE CIT	TY LIMITS? 13	Re. STREET ADDRE	§ Creek	Road/21	502
BALTIMORE, MD.	S 1, 2, 2, 2, ND & SI VITAL	14. FA	THER'S NAME FIRST	Dougla	MIDDLE Hie	LAST		15. MOTHE	R'S MAIDEN Pa	M	Shiflet	LAST	
TIMOR	FORN FORN ON O		AS DECEASED EV	ER IN U.S. ARA		166. SOCIAL	SECURITY NO.	17. INFORM		T Wise	ADDRESS	wland N	(D-moth on
T., 8AL	WIR WITH WITH JIT. PAG			EATH (Enter onl	y one couse per line t		2-9028	Mrs.	ratty	J. HIEL	t, Cumbe	APPRO)	MD-mother XIMATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	VITHIN 24 HOUCH IN ITEM 1 INER ALONG RANSIT PERMI TAL HYGIENE, R REMOVAL.		Conditions,		(DUE TO, OR)	S A CONSEC	QUENCE OF Hisse	o pred	ors.	-	assive		
S, 201 W.	ク缶ミトスの		couse (o) sto lying cause I	ting the <u>under</u> - ast.	DUE TO, OR A								V. E
ECORD	D BE EXECUTED PENDING" IN PAMEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL EXAMEDICAL CREMATION, C	NO			CONTRIBUTING TO CEATH B				1300	101.			
/ITAL R	OF HISTORY	CERTIFICATION	190. DATE OF OP				CH OPERATION	WAS PERFOR	MED?			20 AUTO	
ON OF	SECUES.		210. EXTERNAL C UNDERLYING CONTRIBUTING	OR		MONTH DA		HOW INJURY	OCCURRED	(ENTER NATURE OF IN	JURY IN ITEM 18 PART 1	OR PART 2)	SI
DIVIS	ARDED ARDED ARDED ARDED ARE DEP	MEDICAL	21d. INJURY OCC WHILE NAT WORK A		STREET FACTO	FINJURY (A DRY, FARM, ETC.)	T HOME, 21f.	STREET		CITY OR TO	WN	COUNTY	STATE
	MANER: THE THICATE, THE BE FORW, ECTOR: PA THI THE STA YLAND, 21		22a. I certify the		e of the remains desc	ribed above,		opsy Homic	Inspection l	Undetermined me		my opinion	1
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATI PORGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE, MARYLAND		ACTUAL SIGNATURE	Gra	ucisso	leyes	_	MD DO	Ruly	MEDICAL EXAM	AINER S	ATE 6-4	4-87
	TO MEDIC EXECUTE II PAGE 4 SH TO FUNER AFTER DEA BAITIMOR		EXAMINER'S NA (TYPE OR PRINT)	11.6-	inei'seo	Reyes			900 Se		Cumber	land Ma	1. 21502
07/84	Bb——Bb——	(5	JRIAL, CREMATIO PECIFY) Buria	al	36 DATE 06-08-198		auley Ce	metery	1.00	23d LOCATION CITY OR TOWN Mill	Creek	COUNTY	STATE WV
25M	DHMH - 17 (VR A15 ME (5))		James F.		lli, Cumbe	rland,	MD 215	02	JUN O	9 1987	in Dina	R'S SIGNATUR	A.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law require that the weigh certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been uponed. We hending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then the strange of companyers. Pages I land 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burian tremantion, ar removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury or affect that motic event, the medical examines must be writined at once.
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			STATE OF MARYLAND		
AFOIDS	FOR	DE	PARTMENT OF HEALTH AND MENTA	Da I	E 6 1 1
058183 111 -	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	30 7 4
. 84	1. DECEASED NAME FIRS (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
nay be page 3	JOHN	FRANCIS	HINEA	June	24, 1987 4:05 AM
r. po	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEA	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Page 4 n director.	male	white	07-04-1901	0.5	RS.
	70. BIRTHPLACE (STATE OR FOREIGH	76. CITIZEN OF WHAT COU	NTRY? 8. MARRIED NEVER MARRIE	9 BALTIMORE CITY OR COU	NTY OF DEATH
death.	PA	USA	WIDOWED DIVORCE	Allegany	MD.
with the	ID. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	NURSING HOME OR OTHER INSTITUTIO	N 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR
rs of	Cumberland	Memorial Ho	spital	_retired .	Transport Co.
D 212	13g. STATE 113h. C	ME OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY 13E. CITY O	R TOWN 1138, INSIDE CITY LIM	ITS? 113e STREET ADDRESS / ZIP C	ODE
AND 2 AND 2 Filled	MD	Allegany Cun	mberland YES K NO		Street/21502
RYL.	14. FATHER'S NAME FIRST	MIDDLE LA	15. MOTHER'S MAID!	ENNAME	LAST
MAR MAR		. Hinea		Loretta Noonan	
IMORE,	160 WAS DECEASED EVER IN U.S.	ES GIVE WAR OR DATES)	L SECURITY NO. 17. INFORMANT	ADDRESS	
TIMO	no	217-1	.0-7527 Mrs. Haze	l Hinea, Cumberla	nd, MD - wife
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120) NG PHYSICIAN: The law require that the leasth certificate be executed within 24 hours of the physician. After this certificate has been up the company physician and completely filled in by as the burial-straining permit. Then the company permit filled in by as the burial-straining permit. Then the company of the burial-straining permit filled in by as the burial-straining permit filled in by as the burial-straining permit filled in by as the burial-straining permit filled in by an experimental straining permit filled in by a property of the	18 CAUSE OF DEATH (Ent	er only one couse per line for (o), AUSED BY:	(b) and (c).)	FP-11.V	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., artific an ph an ph emo		DIATE CAUSE (o)	eupaule y	aprilla from	
ON th ce carb carb		DUE TO, OR AS A CON	ISEQUENCE OF		
LEST LEST	Conditions, if any, which		ix My ven	deal Infas	dia-
2 2	gove rise to immediate couse (a), stating the	DUE TO OR AS A CON	ISEQUENCE OF	~ /	
× 10	underlying couse las	1. (c) serie	re cape o	2 previous 11	<u> </u>
S, 20		NT CONDITION ONTRIBUTION	IG TO DEATH BUT NOT RELATED TO THE	E JERMINAL DISE ASE OR CONDITION	GIVEN IN PART 116 2 00 de
ORD red to the state of the sta	NO Chio	me rener	flittere -	Pace M	ane Alisti
REC	THE DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. II	FYES, WERE FINDINGS USED TO ERTIFYING CAUSES OF DEATH?
N OF VITAL RI SICIAN: The ling physicion. certificate has vital-transit per tentral Hygiene Item 18 shows	210. ACCIDENT WAS UNDERLYIN	G [] 21b. TIME OF INJURY	a) How Miller	YES NO	YES NO
N OF VITA SICIAN: The physicic certificate virial-transit tent 18 she then 18 she	OR CONTRIBUTING TO CAUSE		H DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM	(18 PART I OR PART 2)
SIC IA certifing post certification of them	(IF EITHER, NOTIFY MEDICAL EXA		19		
//SION C	WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK	,	1 0000	27 //24	27
	220 I certify that (I) (this saw the deceased aliv	hospital) attended the deceased	dament .	pinion death occurred on the date and	, 19, that (1) (we) lost
OR ATTEN e hospitol DIRECTOR: oched for us Dept. of He	obove, (I) (we) (did) (d	id not) view the body after death.	DE GREE	prinori deotri occorrea ori file dote ond	
OR he h		Stella.	ATTEND	ING _ MEDICAL _ STAFF _	TIL DATE SIGNED
O HOSPITAL (toined by the O FUNERAL E hould be deto with the Store E with the Store E	226. PHYSICIAN'S NAME (TYPE OR BRIDGE	122 ADDRECC	IAN DIRECTOR PHYSICIAN	10/66/82
O HOSPIT etoined by TO FUNER should be own with the Ste	Dr. Fe		92	25 Bishop Walsh Dr umberland, MD 2150	ive
TO HOSPITA retoined by 1 TO FUNERA should be de with the Stote with the Stote MPORTANT					12
	23e. BURIAL, CREMATION, REMO		23c. NAME OF CEMETERY OR CREMAT	CITY OF TOWN	COUNTY STATE
BP	Burial 24 FUNERAL DIRECTOR	06-27-1987	Rose Hill Cemeter	Y Hagerstown To Date Rec'd. By Registrar 25b. Rec	Washington MD
DHMH - 16 60M 7/84	NAME		DBECC	IIIII month	GISTRAR'S SIGNATURE
(VRA 15, 4)	James F. Scar	pelli, Cumberla	na, MD 21502	111 N 29 1987 June	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) 7:30 AFUNERAL DIRECTOR.
E. F. FOR YOUR FILES.
D. WITHTIN 72 HOURS
DW. PRESTON STREET. CHARLES HOTCHKISS 23,87 June DEATH MATED S 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE MASTIBIRTHD AY PRONOUNCED June 2319 8' 70. BIRTHPLACE BANTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 18299 WIDOWED DIVORCED AND 3 TO THE FUN ETAIN PAGE S. I. HOULD BETHED, W. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION, (TYPE OF 176 KIND OF BUSINESS FOR MOS OF WORKING LIFE URSING TOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) USUAL RESIDENCE (# SAFTER DEAL.
GIVE PAGES 1. 2. A.
WITH FORM PM.3.
PAGES 1 AND 2'SHC 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ORMANI NSIT PERMIT.
HYGIENE DI 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY Myocardial infarction IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Arteriosclerotic heart Hisease EXECUTE THE CERTIFICATE, WRITING THE WORD "PRODUC" IN FINGUL PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TAKE AFTER-VEATH, WITH THE STATE DEPARAMENT OF HEALTH AND MEN BAUTIMORE, MARYLAND, 21201 PRIOR TO BURIAL CHEMATION OF HE gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO XX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN XX 220. I certify that I took charge of the remains described above, held on Autopsy Natural couses XX death resulted fram Accident Hamicide ____ Undetermined manner TITLE (SPECIFY) ACTUAL 6-23-87 SIGNATURE EXAMINER'S NAME Giovanni Mastrangelo, M.D. ADDRESS 900 Seton Drive, Cumberland, MD 21502 BP 07/84 25M 24. FUNGRAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

19 18 18 28 28 Miller 1 mail and the state of THE DEVILOR

573	0 9 JUN 23	71 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 / REG. NO	15646
	oy be oge 3 deoth		CEASED NAME FIRST OR PRINT) MIRIA	m H.	HUBBS	C	MONTH DAY YEAR 2b. HOUR 6 30 PM
	ge 4 moy	3. SE	Female	√hite	5. DATE OF BIRTH MONTH DAY YEAR 97	6 AGE (IN YEARS LAST BIRT	YRS.
9	teoth. Po		RTHPLACE (STATE OR FOREIGN OUNTRY) W. Va.	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	ga.	ny MD.
10	by the fu		imberland	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET CUMBERLAND NU			on 12b. KIND GE BUSINESS OR INDUSTRY NEW PP ap Ssidied Dept Co
AND 212	to how		TATE 136 COUR	rother institution, give residence before NTY 13c. CITY OR TOW Cannot Cumber 1	I 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 235 Paca	St. 21502
MARYL	701/	14. FA	THER'S NAME William E	MIDDLE LAST Hubbs	15. MOTHER'S MAIDEN N. FIRST Rosabel 1	MIDDLE	Stallings
IMORE,	Popul co		VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES GO	VE WAR OR DATES)	JRITY NO. 17. INFORMANT 4905 Thomas C.	Hubbs Cun	mberland MD
ST., BALT	physicia physicia emand event the		PART I. DE ATH WAS CAUSE	nly one couse per line for (a), (b), or ED BY: TE CAUSE (a)	cupplenc.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON S	that the death ce by the corb cose ren are carb ol, cremation, or re		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ENCE OF		
ORDS, 20	requires to Then pli tor to buri	ATION		Ca colon	DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED	MINAL DISEASE OR CONE	DITION GIVEN IN PART 110
ral REC	cion. cion. te hos be sist permi giene pri	CERTIFICA	19a. DATE OF OPERATION			YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
5	Z Z O O T OO	3 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	AV YEAR TIE HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	RY IN HEM 18 PART 1 OR PART 2)

TO FUNERAL DIRECTOR: After this certificate hos should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene retained by the hospital or attending physician. ATTENDING PHYSICIAN: The IMPORTANT: If Item 21 is marked or Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on above, (1) (we) (did) (did not) view the body after death DEGREE 22b. SIGNATURE MEDICAL STAFF ATTENDING PHYSICIAN TO HOSPITAL 226 PHYSICIAN'S MAME 22e. ADDRESS 8

BP.

DHMH - 16 50M 4/B2 (VRA 15, 4)

23¢ BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

COUNTY

STATE

250 DATE REGISTRAR 256. REGISTRAR'S SIGNATURE Hill Cemetery

William G Kight

24. FUNERAL DIRECTOR

Cumberland, MD

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ll cany			10	.av .H
p. Classidied Dopt Co.	in proli	paintud bosts	Cumper	backness.
5 Pace St. 21502	23	basisedno	legeny	L. D.
Scallings	Localette	eddin		
on Junberland, ED	du .O .m.onī	214-05-4905		No

burial Jun 17,1987 Pose Hill Cometery Cumberland Cliedany HD

executed within 24 hours ofter

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospitol or ottending physicion.

STATE OF MARYLAND

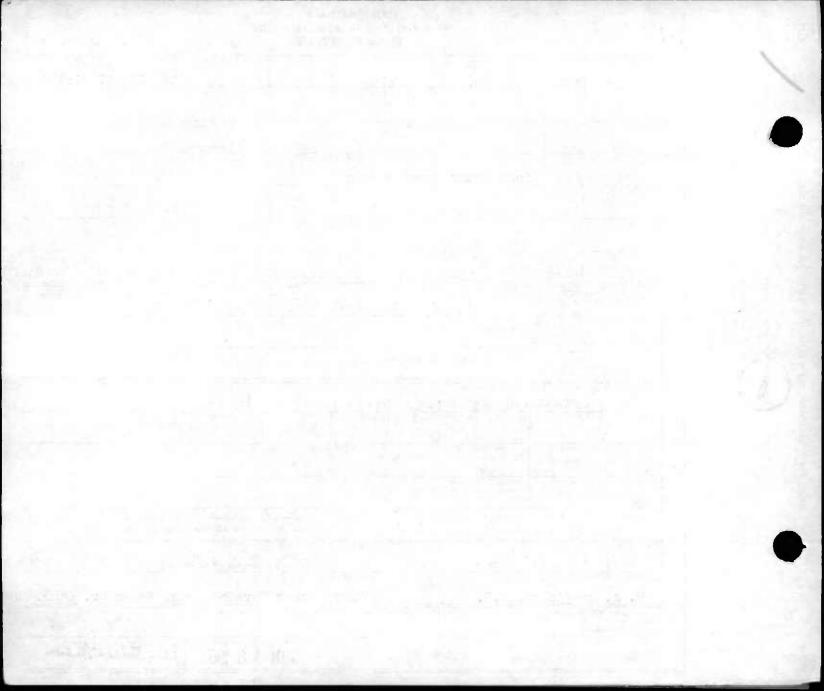
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 (REG.	NO.	5	6	4	
TE OF DEATH	MONTH	DAY	YEAR	21 110115	5

1011 E	1.15	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HYC RTIFICATE OF DEATH	8 65G NI		5 6	4/
		CEASED NAME FIRST	MIDI	DLE	LAST	20. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
	(TYPE	e or print) Evan	T.		John		06 1	5 87	1:15A
	3. SE.	The state of the s	4 RACE		ATE OF BIRTH	6 AGE LIN YEARS LAST BIR		FUNDER TYEAR	IF UNDER 24 H
9.7		male	white		05-11-1951	36	YRS	ONTHS DAYS	HOURS M
110		IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WH	IAT COUNTRY? 8		9 BALTIMORE CITY O	111.00	OF DEATH	
13		CA	USA		ARRIED NEVER MARRIED LI	Allegany			
37	10 C	ITY OR TOWN OF DEATH		SPITAL, NURSING H	OME OR OTHER INSTITUTION	120 USUAL OCCUPATE		12b. KIND C	of BUSINESS D State
10		Cumberland		acility, give street addre		probation of:	ficer	& Prob	ation De
35	1)SU. 13a. S	AL RESIDENCE (IF NURSING HOM STATE 13b. CC MD A1	orother institution Giv DUNTY 13	c CITY OR TOWN Cumberlai	113d INSIDE CITY LIMITS?	13e STREET ADDRESS / 550 Patte	ZIP CODE	Avenue	/21502
1/	14. FA	ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME		LA!	
151			n Lloyd Joh			Marie O'N			
medico		WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) YES VIE	GIVE WAR OR DATES)	b. SOCIAL SECURITY 15-56-9098		7,001,0		yn, MD	- brot
t, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per lin	e for (o), (b), and (c)	11:000	L		APPROX BETWEEN	MATE INTERVAL ONSET AND DEA
ever			IATE CAUSE (o)	Meta	static as	hocyton	ng		
					OF.	()			
ther troumd		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	(b)~	S A CONSEQUENCE		U			
, or other troumo		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR A	S A CONSEQUENCE	OF	MINAL DISEASE OR CONI	DITION GIVE	N IN PART 1	0
olery.	NO	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR A	S A CONSEQUENCE	OF	AINAL DISEASE OR CONI	DITION GIVE	N IN PART 1:	0
ony inp	TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR A	S A CONSEQUENCE	OF BUT NOT RELATED TO THE TERM DPWP TOTAL	MINAL DISEASE OR CONI 200 AUTOPSY? YES NO	20b. IF YES,	WERE FINDING CAUSES	NGS USED
ony inp	AL CERTIFICATION	gove rise to immediate couse (a), storing the underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR A (c) IT CONDITIONS CON 196 CONDITION 216 TIME OF II DEATH HOUR A.M.	TRIBUTING TO DEAT	OF H BUT NOT RELATED TO THE TERM RATION WAS PERMORMED YEAR 21c. HOW INJURY OCCUR	e ADH. 200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIR	NGS USED OF DEATH?
shows ony inju	MEDICAL CERTIFICATION	gove rise to immediate couse 10% storing the underlying couse lost. PART 2 OTHER SIGNIFICAN 199 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	DUE TO, OR A (c) IT CONDITIONS CON 19b. CONDITION DEATH HOUR AM. 21e. PLACE OF	TRIBUTING TO DEAT TO FOR WHICH OPE MONTH DAY	H BUT NOT RELATED TO THE TERM RATION WAS PERFORMED YEAR 19 211. LOCATION	e ADH. 200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIR	NGS USED OF DEATH?
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Hem 21 is marked or Hem 18 shows ony infi	WEDICAL WEDICAL	gove rise to immediate couse 10.5 storing the underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER. NOTIFY MEDICAL EXAMINATION COURRED WHILE NOTIFY MEDICAL EXAMINATION COURRED AT WORK NOTIFY MEDICAL EXAMINATION COURSED 220.1 certify that (1) (this has sow the deceased alive obove, (1) (we) (did) (did 22b. SIGNATURE COURSED) 22d. PHYSICIAN'S NAME (1) V. A. Ranji	DUE TO, OR A (c) IT CONDITIONS CON 19b. CONDITION DEATH HOUR A.M. P.M. 21b. PLACE OF (AT HOME. STREET spitol) ottended the d on not) view the body oft CAR PRINT) Than, M.D.	TRIBUTING TO DEAT TO	H BUT NOT RELATED TO THE TERM PARALION WAS PERFORMED 21c. HOW INJURY OCCUR YEAR 19 21l. LOCATION STREET 21c. ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS Lions Manor	200 AUTOPSY? YES NO NERD (ENTER NATURE OF INJUR CITY OR TO: deoth occurred on the do MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, IN CERTIFY YES EVINITEM IS PAI onte and hour if IAN ne, Se	COUNTY 22c. DATE	NGS USED OF DEATH? NO STATE that (I) (we) couses stated SIGNED Cumb

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



STATE OF MARYLAND

1'-	- STATE REGISTRAR			DEPARTN		ICATE OF DEA		8 /REG	NO.	5 6	4 8
	CEASED NAME	FIRST	1	MIDDLE	ı	AST		20. DATE OF DEATH	HTMOM	DAY YEAR	26. HOUR
		JONAT	HAN			ENNELL			June 10	1987	9:00 PA
3 SE			4. RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST		MONTHS DAYS	HOURS MIN.
1	Male		Caucasi		12/	11/1907		79	YRS.		
7a. B	IRTHPLACE (STATE C	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MAR		9. BALTIMORE CITY	r <u>or</u> county 1egany	Y OF DEATH	ME
10. C	ity or town of d		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET / TIAL HOST	G HOME C	- 4.20		120 USUAL OCCUP. (TYPE OF WORK FOR MO) Carmar	ATION ST OF WORKING LIF		OF BUSINESS OR
USU 13a. S	AL RESIDENCE (IF MI STATE PA	136. COU	erother institution.	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Hyndman		13d. INSIDE CITY YES N	LIMITS?	130 STREET ADDRESS BOX 357	S ZIP CODE	/ 15545	1999
14. F/	ATHER'S NAME Edwar	d	WIDDIE	ennell ^{ast}		15. MOTHER'S M	ice	WE	Shroy		
	WAS DECEASED EVI (YES, NO OR UNKNOWN) NO		RMED FORCES? IVE WAR OR DATES)	705-12-0		Earl E.		ell, Box			7545 7ndman,
	18. CAUSE OF DEA PART I. DEATH	WASCAUS	nly one cause per ED BY: TE CAUSE (a)	line for (a) (b), and	liac	Arres	rt			APPRO) BETWEEN	CIMATE INTERVAL ONSET AND DEATH
	Canditions, if a gave rise to i cause (a), sta underlying cou	mmediate ting the	(b)	R AS A CONSEQUE	tale	Mocen	liel	Topaton			
ATION	PART 2. OTHER SI		Hypoten.	ONTRIBUTING TO E	t age	2 .		200 AUTOPSY?		VEN IN PART 1	
4	HIND DAIL OF OPEN	VALIDA	/ IIIYD. COND	HUN FUR WHICH	CHECK ALLS	W WAS PERFURM	VED.	ZUB AUTOPST!	TZUO. IF TE:	J, WERE FINDI	INGS USED

190 DATE OF OPERATION CERTIFICA

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

216. TIME OF INJURY HOUR A.M. MONTH YEAR DAY P.M 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OR TOWN

211 LOCATION

22a. I certify that (I) (this hospital) attended the deceased from

DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

STATE

22d. PHYSICIAN'S NAME Dr. N. Ranjithan Memorial Hospital Medical Building Cumberland, MD 21502

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

230. BURIAL, CREMATION, REMOVAL Buria

24. FUNERAL DIRE

22b. SIGNATURE

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Comps Cemetery

23d. LOCATION

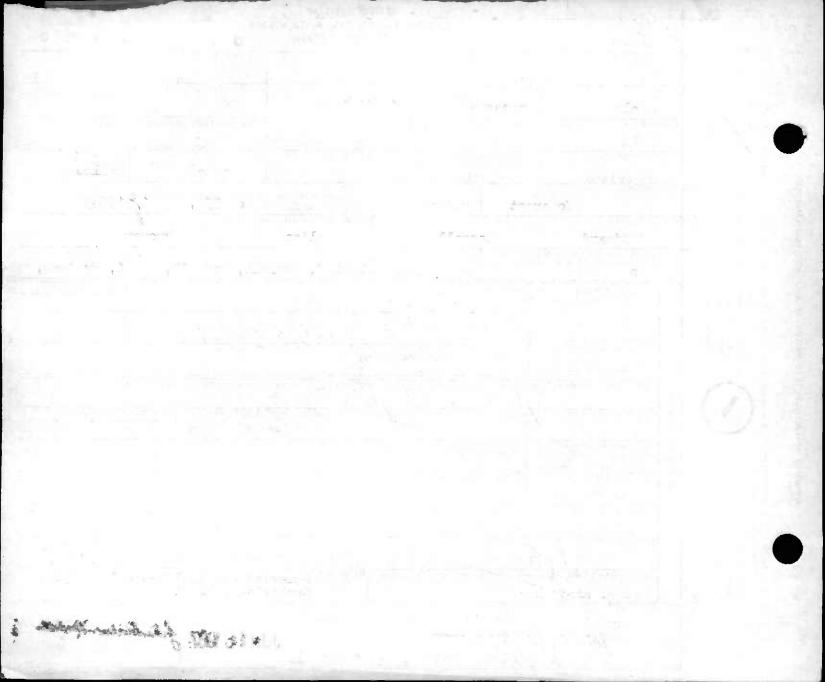
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MEDICAL

Hyndman, PA

(VRA 15, 4)



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IVISION OF VITAL RECORDS, 201	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR TYPE OR PRINT HOMER 87 02 1842p BOYD **KEPLINGER** 06 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MALE White MONTH 21 66 03 To. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED A NEVER MARRIED Alleghany USA WIDOWED DIVORCED O. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR MEMORIFAL HOSPETTAESS) CUMBERLAND LTYPE OF WORK FOR MOST OF WORKING LIFE Retired Kelly Springfiel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MARYLAND ALLEGANY OLDTOWN Rt 1. Box 171 NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Walter MIDDLE C. Keplinger Emma Harper medical **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 21202 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Rtl. Box 171 Oldtown, Md 234-40-3069 Svlvia Keplinger No the 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Nou IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF traum Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 0 € permit. ony 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? p IN CERTIFYING CAUSES OF DEATH? buriol-tronsit peri NOK YES NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION ò as the t COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE morked NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on 18-18-R and that it (my (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death be detached 22b. SIGNATURE DEGREE 4 ATTENDING MEDICAL SPITAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS the b

DHMH - 16 60M 7/84 (VRA 15, 4)

ORT

23a. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

DR. JOHN STANSBURY

23b. DATE

23c NAME OF CEMETERY OR CREMATORY Lahmansville Cemetery Funeral Home

Main St. Petersburg, WVa

23d. LOCATION

CITE Annansville OUN Grant

25a DATE REC'D. BY REGISTRAR 254 REGISTBAR 2 SIGNAPRE LASS

MEDICAL BUILDING, MEMORIAL HOSPITAL

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(VRA 15, 4)

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he law r on. has bee r permit. ene prior	CERTIFICATION	19a DATE OF OPERA	TIÓN	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOP		. IF YES, WER CERTIFYING YES []		
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AL OR ATT AL DRECYTO AL DIRECTO DIE Dept. of TI: If Item 2		22b. SIGNATURE	orn	11	Elm		DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		6 -	4-87
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DHMH - 16 60M 7/84 (VRA 15, 4)	24. FI	JNERAL DIRECTOR NAME Boal Fune:	ral Se	who	was	ort Nd		25a DAT	UN9 1	987 g	REGISTRAP'S	SIGNALI	REdalls

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AND		-		EGAN	Y BARRE	LVILLE		N.		OX 139	MT.	SAVAGE,	_
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DIVISION OF VITAL RECORDS.	n. n. hos the	CERTIFICATION							YES TO NOT	_	IFYING CAUSE	S OF DEATH?	
/ITA	N. Th. Nysicio	CERT			TIME OF INJURY	D.W. WEAD	21c. HOW INJUR	YOCCURR	ED (ENTER NATURE OF	INJURY IN ITEM TO	PART I OR PART 2)		_
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	prior prior for of H		sow the deceosed olive o obove, (I) (we) (did n	ot) view th		19, or	d that in (my) (our	r) opinion d	leoth occurred on the	ne date and ha	out and from th	e couses stated	
	OR A e hos DiRE(ched Dept.		226. SIGNATURE	1 (1.	A =	DEGREE			C7.455	22c. DAJ	E SIGNED	
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	TO HOSPITAL retoined by th TO FUNERAL should be determined by the Stote with the Stote		SIKANDER SANDH	IIR, I	MD				CE, FROS	TBURG,	MD 2153	52	_
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Workess MAIN ST.

FROSTBURG

SOWERS ELNERAL HOME

REGISTRAR FROSTBURG, MD 21532

FOR STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

250. DATE REC'D BY BEGISTRAR 86. REGISTRAR'S SIGNATURE

26 HOUR 5:55 AM IF UNDER 24 HRS

Julia Devidson. Randallo

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TON ST., BALTIMORE, MARYLAND 21201 The centificate be executed within 24 hours after death. Page 4 training physician and completely filled to by the funeral director carbon papers. Pages 1 and 2 should be filed within 72 hours offin, ar removal. Manic event, the medical examines must be nogrified at an activation of the control of		18 CAUSE OF I	DEATH (Ente	er only one couse
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BP	E	Burial		7-1

DHMH - 16 60M 7/B4 (VRA 15, 4)

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	JINIL		D,MD 2			ICATE OF DEATH	REG. N	10.	0	5 3
	CEASED NAME	FIRST	N	AIDDLE .	t.	AST .	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
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3. SE	X	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY) IF U	MDER I YEAR	IF UNDER 24 HRS
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	RTHPLACE (STATE OR F	OREIGN 7b.	CITIZEN OF V	WHAT COUNTRY?	8. MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
	Maryland		U.S.A.		WIDOWE	DE DIVORCED	ALLEGANY			MD.
	ity or town of dea Cumberland		(IF NOT IN SUCI	HOSPITAL, NURSIN H FACILITY, GIVE STREET A HEART HO	DDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST COOK		26. KIND OI NDUSTRY Conv	ent.
	AL RESIDENCE (IF NURS		HER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7ID CODE		
-	Maryland	Allec		Rawlings		YES NO IX	Route 3,		3-I. /	21557
	ATHER'S NAME					15. MOTHER'S MAIDEN NA	ME			
	Harry	WID	7.	Kelly		Nanny	D.		Ruck	
	WAS DECEASED EVER			166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDR	ESS		
(YES, NO OR UNKNOWN)	(IF YES GIVE W	AR OR DATES)	218-16-3	3788	Harriet Eator	n - Address	same as	#13	aBOVE.
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	PART I. DEATH W	IMMEDIATE (1-sacte	rem	ua -				
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FIC.	198 DATE OF OPERA	IION	190. CONDI	TION FOR WHICH	OFERATIO	IN WAS PERFORMED		IN CERTIFYIN	G CAUSES	OF DEATH?
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	22a I certify that (1)		attended the	e deceased from	(2-7 1987	to 6.	28 _ 19.	87	that (I) (we) last
	saw the decease	ed alive an	6-2	8 198	7 or	nd that in (my) (our) apinion	death accurred an the c	late and haur an		(, , , , , , , , , , , , , , , , , , ,
	abave, (1) (we) (c 22b. SIGNATURE	did (did nat) v	new the body	after death.	,	DEGREE			22c. DATE	SIGNED
	2	ace	eric	. ~		ATTENDING PHYSICIAN	MEDICAL STA		6.2	9-87
	22d. PHYSICIAN'S N7	AME THE OF P	RINT)			22e ADDRESS				
	URIEL VEL	ANDIA.	MD			924 SETON	DRIVE. MCU	MBERLAND	,MD 2	1502
23 a	BURIAL, CREMATION,	REMOVAL	23h DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION		DUNTY	STATE
	Burial		7-1-8	7 Res	tlawr	n Meml.Gardens	s LaVale-A	llegany-	Maryl	.and
	UNERAL DIRECTOR C						E REC'D. BY REGISTRAI	256 REGISTRAR	'S SIGNAT	URE
- 2	202 Greene	Street	-Cumbe	rland, MI	2 15	502	0 6 1987	Alin Tes	idemil	delle

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56760 JUN 17

1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYC CICATE OF DEATH	8 /		5 6	5 4,
	CEASED NAME	FIRST	,	AIDDLE		AST	REG. N	-	AY YEAR	2b. HOUR
(TYPE	OR PRINT)	ERMAN	GF	ORGE	T.E.	ASURE	Ju	ne 13,	1987	10:13 R
3 SE			RACE	OROL	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	RIHDAY)	F UNDER I YEAR	IF UNDER 24 HRS
	MALE		WHITE		SEPT		73	YRS	ONTHS DAYS	HOURS MIN.
7a. BI	RTHPLACE (STATE ORI	OREIGN 7b.	CITIZEN OF USA	WHAT COUNTRY?		D & NEVER MARRIED	9. BALTIMORE CITY O	_	OF DEATH	
10. CI	TY OR TOWN OF DEA	TH 11		OSPITAL NURSIN	WIDOWE IG HOME O	DR OTHER INSTITUTION	Alleg		12h KIND (MD. DF BUSINESS OR
	Combon 1 am		IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	
USU	Cumberland			al Hospit			RETIRED AL	LEGANY	ICO BO	ARD OF ED
13a S	TATE YLAND	ALLE	,	CUMBERL	'N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 5 EVERGREE		ACE 2	1502
	THER'S NAME GEORGE	MID	DIE LE	ASURE		IS MOTHER'S MAIDEN NA ROSE	WE	VA	LENTIN	
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR		THE STATE OF THE S	
((ES, NO OBUNKNOWN)	(IF YES, GIVE W	AR OR DATES)	214-05-8	8520	AUDREY LEASU	RE 5 EVERCE	EEN TE	RRACE (CIMBEDI AN
	Conditions, if ony, gove rise to imr couse (a), statin	Which mediate g the	DUE TO, OI	R AS A CONSEQUE	ENCE OF				APPROX BETWEEN	imate interval Onset and death
	onderlying couse	1051.	(c)							
NO		VIFICANT CO	NDITIONS <u>CC</u>		DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVE	N IN PART 1	o
CERTIFICATION	190. DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	21b. TIME O HOUR A.I	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM TO PA	RT I OR PART 2}	
MEDICAL	21d. INJURY OCCUR!	ILE 🗍	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
		ed alive on		10		nd that in (my) (our) opinion				
	226 SIGNATURE	and follows	ica me budy	arier deom.		DEGREE			224 DATE	SIGNED

23b. DATE

JUNE

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL STAFF DIRECTOR PHYSICIAN

Dr. J. Raver

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL

23c. NAME OF CEMETERY OR CREMATORY

Memorial Hospital Cumberland, MD 21502

24. FUNERAL DIRECTOR

ZION MEMORIAL PARK CUMBERLAND ALLEGANY MARYLAND

1250 DATE RECID. BY DEGISTRAND SO. REGISTRAND REPORTED TO THE PROPERTY OF THE SILCOX-MERRITT FUNERAL HOME CUMBERLAND MARYLAND

1987

DHMH - 16 60M 7/84 (VRA 15, 4)

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PART MODE REALITOR'S DESIGNATION OF THE PROPERTY OF THE PARTY OF THE P

r	AT	E	OF	MARYLAND
	23.0	ы	U 1	MINICI PALIAN

SI DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

17	FOR STATE REGISTRAR			DEPAR		HEALTH AND MENTAL HYG	IENE 8 7 REG. N	0.	5 6	5	5
	EASED NAME	FIR51	٨	AIDDLE	,221.	LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOU	JR
		FRANCE	S	LEE	LEATH	ERMAN	JUNE 12	1987		7:03	P A
SEX			4. RACE		5. DATE (6 AGE (IN YEARS LAST BE	RTHDAY) IF	UNDER I YEAR	HOURS	24 HRS
	Female		WŁ	nite	Au		65	YRS.			
	THPLACE (STATE	OR FOREIGN	76. CITIZEN OF		Y? 8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY		F DEATH		
	W . V		USA		WIDOW			legany			М
0. CIT	Y OR TOWN OF E	DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND C	OF BUSINE	ESS OF
	MBERLAND			AL HOSP			Teachers	Aide	Sc	hool	
85UA 13a. S1	L RESIDENCE (IFN	ursing home or 30 COUN Mine	11A	13t. CITY OR TO		13d INSIDE CITY LIMITS? YES NO 1	13e.STREET ADDRESS	/ ZIP CODE	26710	199	C
A	THER'S NAME FIRST		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDIE		IA	SI	
	Nicholas	V	ernon	Leather	rman	Lenora	-		Insk		
	AS DECEASED EV		MED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDR	ESS Bur	lingto	on, W	. V
, ,,	No	No		232-26-	-3587	Mrs. Naoma	Funderberg	P. O.	Box 1	14	
CERTIFICATION		oring the use last.	(c)	NTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON		V IN PART 11		
TEIC/	190. DATE OF OPE	KATION	198. CONDI	TION FOR WHI	LH OPERATIO	IN WAS PERFORMED	YES NO NO	IN CERTIFYI	NG CAUSES		TH?
MEDICAL CER	TO COLUMN TO CAUSE OF STATE OF THE HOUR A.M. MONTH DAY YEAR										
MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET							NWO	COUNTY	S	STATE
	22a.l certify that			e deceased fran		, 19	, ta	, 19		that (1) {	
		e) (did) (did no	t) view the bady	after death.		nd that in (my) (aur) apinian	death accurred an the d	ate and haur o			ated
	22b. SIGNATURE	re				DEGREE ATTENDING PHYSICIAN	MEDICAL STA		COLT	SIGNED	,
	22d. PHYSICIAN'S NAME (TYPE OR PRINT)					22 MEMORIAL HO	SPITAL			- 1	
	DR. RAVE	CR				CUMBERLAND,		2150	2		
	URIAL, CREMATIO	N, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION	711	COUNTY		STATE
	Cre	nation	June .	13, 1987	7 Omps	crematory	Winches	ster Fr	ederic	ckVir	gir

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Hem 21 is marked ar Item 18 shows any injury, ar ather traumatic event, It

Markwood

MC Kenzie Funeral Home

or others in . V.. Midnelac Vertich Jesusahim ceelani re. Machin Bun erber, . . O. Box 14

Tremetion June 13. 1987 Once orountory Minchester Frederick Training

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- 1		2
1		
-	REG. NO.	į.

10	100	REGISTRAR					REG. P	10. P		-	-	
ent.		CEASED NAME FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOL	R
	,,,,,,			Marie	Lev				1987			М
	3. SE)	(4 RACE		5. DATE C		6. AGE (IN YEARS LAST BE	(THDAY)	MONTHS	DAYS	IF UNDER	24 HRS
		Female	Bla	ck	May		74	YRS			HOOKS	PAGE 4
-		RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B	DENEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF DE	ATH		
)		st Virginia	U.S	.A.	WIDOWE	_	Allegan	37				MD.
7	10. C1	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST	TON		KIND O	F BUSINE	SS OR
j	Cu	mberland	214 C	arroll S	Stree	et	Housewif	e				
-		AL RESIDENCE (IF NURSING HOME CO		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	113e STREET ADDRESS					-
)			egany	Cumber		YES NO [214 Car		St	2	150	2
-	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE			1 AST	r	
_		John		Brown		Minnie	Vira	inia		Gat	ors	
		VAS DECEASED EVER IN U.S. A res, no or unknown) (IFYES, GI	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	214		roll	L St	ree	t
		No -		220-32-3	2757	Marcellus !	Lewis.		Cun	ber		d.MI
	CERTIFICATION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	Dias	NCE OF	Ases de Not related to the term Not related to the term No Ling No was performed	slower of all sl	20b. IF Y	ES, WERE	FINDIN	IGS USE	
,	TIFIC	COMPANY TOWNS IN THE					YES NO		TIFYING (CAUSES	OF DEAT	_
3	EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER, NOTHY MEDICAL EXAMINE) 21d INJURY OCCURRED	R) P.		YEAR	21c. HOW INJURY OCCUR!	RED (ENTER NATURE OF INJ	URY IN ITEM 18	8, PART 1 OR	PART 2)		
	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO)WN	COL	YTAL	S	TATE
,		27c.1 certify that (I) (this has saw the decrosed alive o above, (I) (we) (did) (did not show that the same than the same that the same than t		27 105	1/0	nd that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN		AFF _	19 <u>8</u> aur and f		that (I) (couses st	,
		228. PHYSICIAN'S NAME (cerems			22e ADDRESS				1		1
		Dr. V.R.	Felipa	M.D.		925 Bishop	Walsh Dr	. C	umbe	erla	ind.	MD
		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c h	AME OF C	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	,	ST	ATE

DHMH-16 60M 1/73

(VR A 15 (4))

Burial

230 Baltimore Ave. Cumberland, MD

CITY OR TOWN

Leasure-Stein Funeral Home, Inchart Registran 1818 Registran Standard Allegany nore Ave. Cumberland, MD 21502 JUN 25 1987

3 6 5	5 JUL-	97.	FOR STATE REGISTRAR			DEPARTN	LENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	REG. NO		5	6	5 /	
	m 5		CEASED NAME	FIRST		MIDDLE		AST	2a. DATE	OF DEATH "	MONTH	DAY	YEAR	26 HOUR	D
y be	poge 3		GRA	ACE]	LEE		ADDEN		ine 25,	-			12:55	_
8	er e	3. SE	Х		4. RACE		5. DATE O		6. AGE (III	YEARS LAST BIRTH	IDAY)	MONTHS	DAYS	HOURS M	IRS
9 e 4	director. phaurs ofter	Fe	emale		White			e 18, 1899	88		YRS.				
90	hour Hour		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIM	ORE CITY OR	COUNT	Y OF DE	ATH		
eoth	in 72		aryland		U.S.A	CORL LE	WIDOWI	_		llegany					MD
ofter death	with the	10. C	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		L OCCUPATION OF FOR MOST OF			KIND OI USTRY	BUSINESS	OR
s of	Jed the	We	esternport.			Manor Nu		Home	Н	omemake	er.	H	ome		
24 hg	filled fin ould be	130. 5	AL RESIDENCE (IF NURS STATE STATE	13b. COUN		I3c. CITY OR TOW Ridgele	N	13d. INSIDE CITY LIMITS?		ADDRESS / 8 Block			99 2675	999	7
od within	mpletely ond 2 shi	114. F/	James		MIDDLE Ordon	Bradle	У	15 MOTHER'S MAIDEN NA FIRST Rebecca	ME	WIDDLE			Mil.		
oe executo	ron co		NAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	233-21-		17. INFORMANT Ronald McFad	den –	Addres					
despe t	event) the		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	ly one couse per D 8Y: 'E CAUSE (o)	line for (o), (b) on	dici.)	- respirator	1 a	rest	-	В	APPROXII	MATE INTERVAL POSET AND DEA	TH
hat the death te	by the attending case remove corbinal, cremation, or re- rather traumatic		Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediate g the)	R AS A CONSEQUE	NCE OF	actable Cong	r fin		Fan	ilens			
equires that the	n signed b Then plear r to buriol, injury, ar a	ATION	PART 2 OTHER SIGN	NIFICANT (CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISE	ASE OR COND	ITION G	IVEN IN F	PART 110		
ne law r	has beer permit. ene prior	ERTIFICAT	190 DATE OF OPERA	ION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AU YES	TOPSY?	IN CERT			GS USED OF DEATH? NO []	
Ė	sick of the sick o	¥	210, ACCIDENT WAS UNE	DERLYING	216. TIME C	OF INJURY		21c HOW INJURY OCCUR	RED (ENTER	NATURE OF INJUR	Y IN ITEM 18	B PARTIOR	PART 2)		

TO FUNERAL DIRECTOR: After this certifical should be detached for use as the burial-tran with the State Dept. of Health and Mental Hy

marked or Item

MEDICAL

MPORTANT: If he Jesus H. Tan, M.D. 230. BURIAL, CREMATION, REMOVAL 23b DATE Burial

22b. SIGNATURE

21d INJURY OCCURRED

NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on June above, (I) (we) (did) (did not) view the body after death.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

MONTH DAY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

YEAR

19

HOUR A.M.

21e. PLACE OF INJURY

ATTENDING PHYSICIAN 22e. ADDRESS

DEGREE

MEDICAL DIRECTOR PHYSICIAN

STAFF

CITY OR TOWN

June

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

22c. DATE SIGNED 6-26-87

Maryland

STATE

COUNTY

Frostburg Plaza - Frostburg,

211 LOCATION

STREET

Hillcrest Burial Park Cumberland-Allegany-Maryland

6-28-87 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A.

202 Greene Street - Cumberland, Maryland 21502

March 12 169 10 101

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rector, page 3-urs ofter death

medicol

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical

1-	FOR STATE REGISTRAR			DEPARTN	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	REG. NO.	5	6	5	8
	CEASED NAME	FIRST	A	MDDLE		AST	20. DATE OF		DAY YE	11	2b HO	
		Rose	96,50		Mig	lio	6/9/			_	4;42	
3. SE	(4.	RACE		5. DATE C			EARS LAST BIRTHDAY)	MONTHS I	YEAR	HOURS	R 24 HRS
Female White				11	/28/92 YEAR	94	YRS					
COLINTRAL			U.S.	WHAT COUNTRY?	8. MARRIEI WIDOWE	DINEVER MARRIED DINORCED	9. BALTIMO	RECITY <u>OR</u> COUN	ITY OF DEAT	н		MD.
F	ty or town of de rostburg	F	rostbu	rg Comm.	HOSpi	tal	12a. USUAL (CEUPATION FOR MOST OF WORKING		TRY	HOM	IESS OR
130. S Ma	AL RESIDENCE (IF NUI STATE ryland	13b. COUNT		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Frostbu	N	13d. INSIDE CITY LIMITS? YES NO	1 Kay	ADDRESS / ZIP CO	e, Fr	g.	Md :	21532
14. FA	FRANK	M	DDLE	MORELLO		JOSEPHII	VE	MIDDLE	GIV	ĬĜ	LIA	ANO
	VAS DECEASED EVE YES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES}	220 38 C		MR. MICHAEI		losiburg 110,20 G	REENE	S	153 T.	
2	18. CAUSE OF DEA PART I. DEATH	TH (Enter only WAS CAUSED IMMEDIATE	BY:	My for ial (b) and	Bue	Hear The	slen	1	BET	PROXI WEEN C	MATE INT	ERVAL ID DEATH
	Conditions, if on gove rise to in couse (a), stat underlying cous	y, which imediate ing the	Ultrare Sal	ONSEQUE	mia	and f	meur	mma				
NOI	Dastro	The 1	peps	mocl	n H	NOT RELATED TO THE TERM	2. 11	zivery /	wit	1	Lec.	da
CERTIFICATION	Ma DATE OF OPER	ATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES [NO IN CER	YES, WERE F RTIFYING CA YES []	ÜSES		ATH?
	OR CONTRIBUTING [CAUSE OF DEAT	21b. TIME O HOUR A. P.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNA	TURE OF INJURY IN ITEM	18 PART I OR PA	RT 2)		
MEDICAL	21d. INJURY OCCU	VHILE []	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	72:	21f. LOCATION STREET	7 /	2 OR TOWN	COUN	1Y		STATE

, that (I) (we) lest and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

ATTENDING 22e ADDRESS

MEDICAL STAFF

Chang Oh

48 Tarn Terrace, Frostburg, MD

23a. BURIAL, CREMATION, REMOVAL 73b. DATE (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY MICHAEL'S

DEGREE

23d. LOCATION CITY OR TOWN

256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

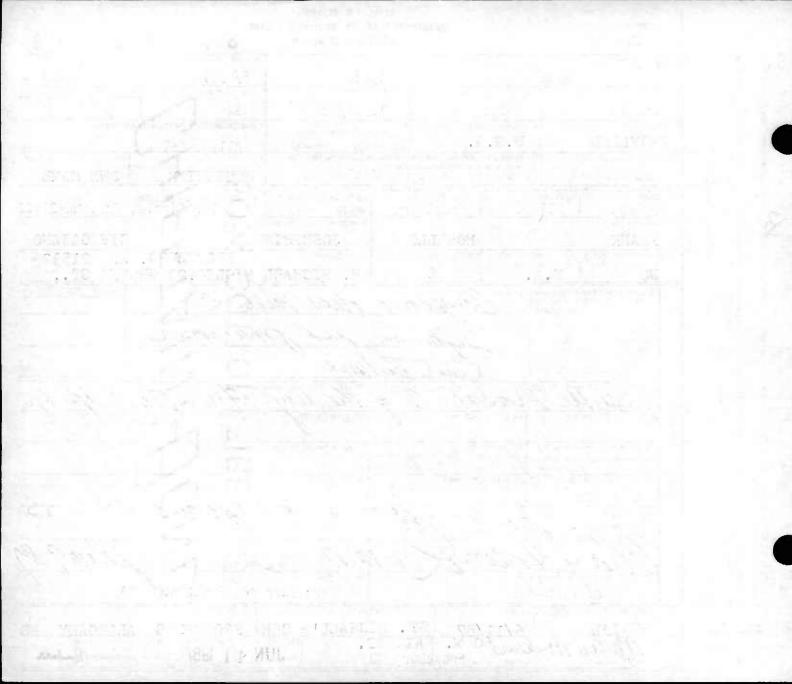
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Divideon Randale



DHMH - 16 60M 7/B4

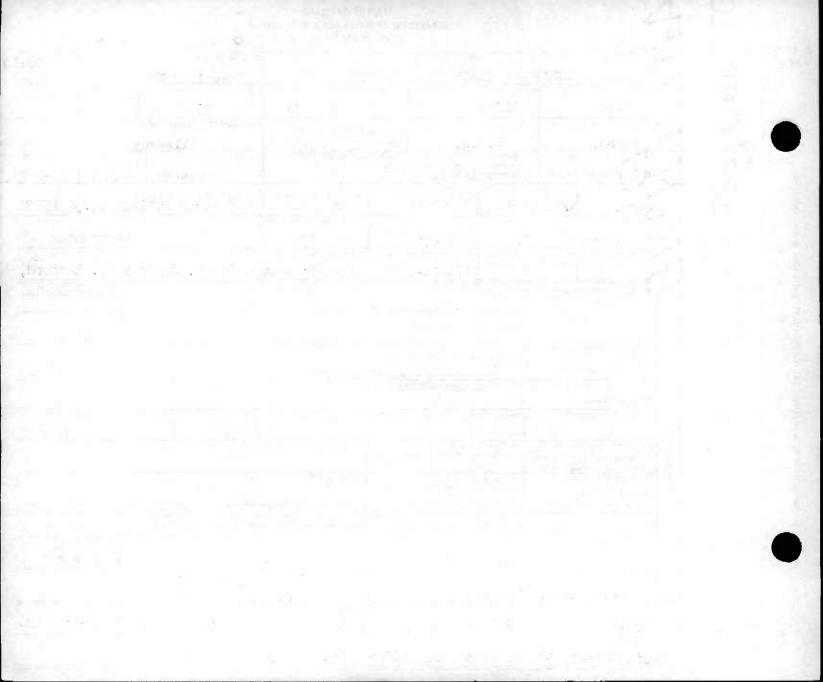
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI

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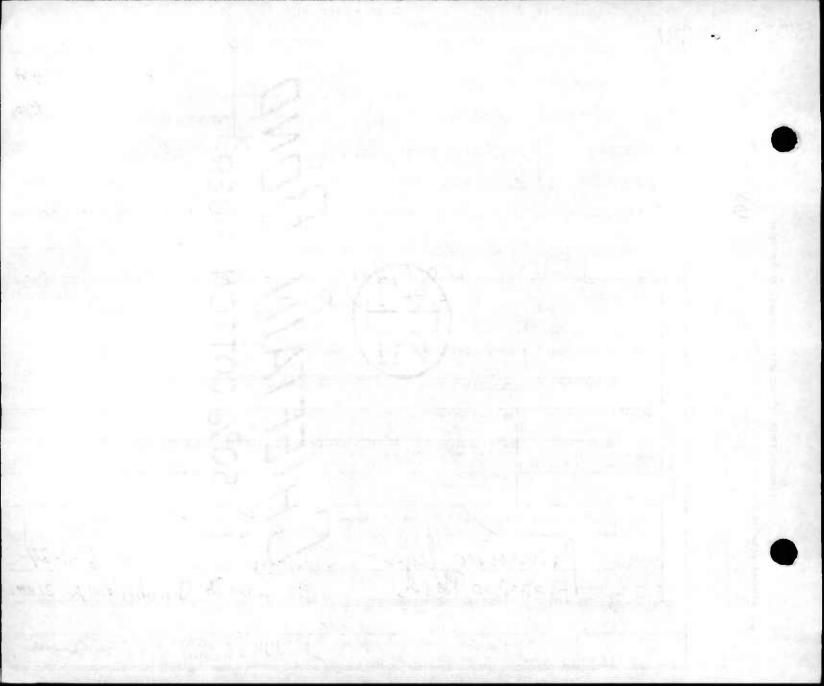
	FOR STATE REGISTRAR		DEPARTM		IEALTH AND MENTAL HYG	8 7	1	5 6	5 9	
-	2 2 7	rsī	MIDDLE	-	LAST	REG. N	MONTH	DAY YEAR	2b HOURs o	
	(TYPE OR PRINT) HERMAN CLAUDE			MOI	WRY	- 130 10 -	1:987	7	2b. HOUR 10: 10	
	SEX 4. RACE		S. DATE OF BIRTH MONTH DAY YEAR		6. AGE (IN YEARS LAST BE	THDAY)	IF UNDER I YEAR	HOURS MIN.		
9	Male	Male White		9	9 11	75 YRS.			HOURS MIN.	
1	70. BIRTHPLACE (STATE OR FOREK	OUNTRY) MARRIE			DE NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH				
	Penna. NO. CITY OR TOWN OF DEATH						Allegany MD. G. USUAL OCCUPATION 126, KIND OF BUSINESS OR			
-	Cumberland	Memor Memor	of in such facility, give street address) emorial Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Salesman. Publis							
7	13a. STATE 13b.	ist ci			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 409 South Juliana St. 15522				
-	FATHER'S NAME FIRST Herman	MIDDLE G.	Mowry		15 MOTHER'S MAIDEN NA/	ME		Coughê	enour	
2	160. WAS DECEASED EVER IN U		166 SOCIAL SECURITY NO.		17. INFORMANT ADDRESS			D-		
	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 176-			-7968 Dorothy Mowry, 409 S. Juliana St. Bedford;						
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 211. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18							BETWEEN ONSET AND DEATH 4		
	HOLK AM MONTH DAY YE			Y YEAR	YES NO YES NO 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)					
	OF CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL E) 21d. INJURY OCCURRED WHILE NOT WHILE				21f. LOCATION STREET CITY OR TOWN			COUNTY STATE		
	220. I certify that (I) (the sow the deceased all above, th (we) (did) (22a.1 certify that (1) (this hospital) attended the deceased from 5-4-87, 19, to 6-1-5719, that (1) (we) lost sow the deceased alive an 6-1-87 19, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (th) (we) (did) (did mot) view the body after death.								
	Dr. John T. Whitmore LaVale, MD 21502									
	(SPECIFY) Burial				lge Cemetery	Manns Choice Bedford STATE				
	24. FUNERAL DIRECTOR	Name .								
	Louis Geisel,	330 E. Pi	tt St., B	edfor	d, Pa.	UN 8 1987	Julia	Davidson.	Kandar	



STATE OF MARYLAND

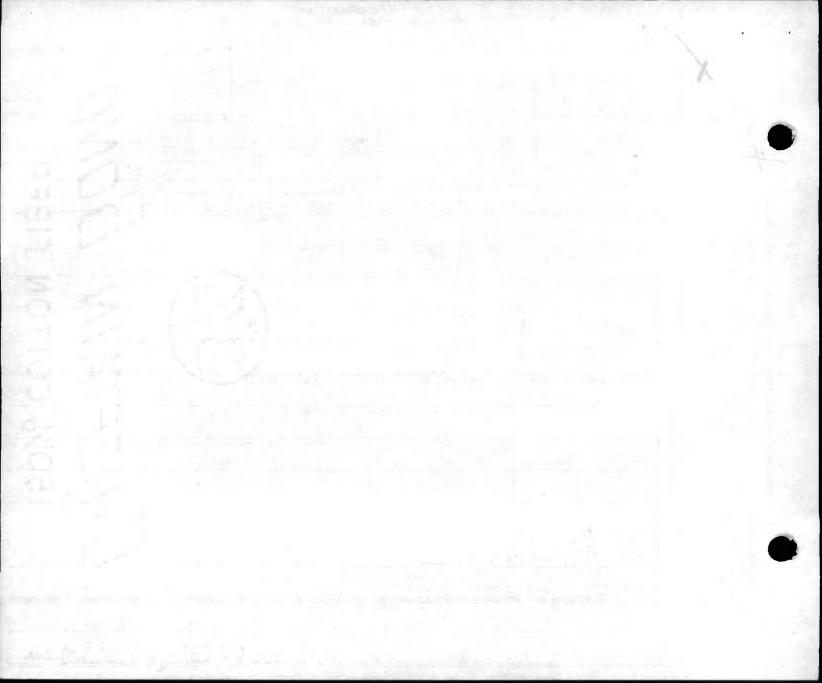
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1	JUI	-	STATE REGISTRAR	ME	DICAL EXAMIN	NER'S	CERTIFICATE O	F DEATH /	REG. NO.	6 6	Y **
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ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5.FOR YOUR FILES. FOLLD BEFLIED, WITHIN 72 HOURS RECORDS, 20 W PRESTON STREET,	13	(TYP	E OR PRINT)	rucu	JAMES	N	JULLANEY	OF DEATH A	ESTI-	29 1087	\$
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TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAGE REALLY WITH THE STANDARD SANDER AND SANDER SANDE	X		EXAMINER'S NAME PAU	1 Snow, M.	D.		.ADDRESMemoria	1 Hospital	, Cumber	land Md	
53 4 5 E S		23a.B	IRIAL CREMATION REMOVAL		23t. NAME OF CE			23d LOCATION			
7/B4 BP		{5	Burial	07-02-19	87 SS Pet	ar Pa	ul Cemetery	CLIMPO		UNTY STA	
M		24. FU	INERAL DIRECTOR		0.1 00 1 000	or I d		Cumber EC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE	4D
DHMH - 17 (VR A15 ME (5))		James F. Sca	rnelli Cu	mbonlond A	4D 03	F00 JUI	02 1987	thin Bounds	on pomplette	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0.5 8 6 9 9 JUL 13 STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS
J W. PRESTON STREET, G. DEATH MATED RUET, NORMAN 6 19 87 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE 2d HOUR LAST BIRTHDAY) 10:45 July 17,1947 Male 39 1987 Black DEAD 7b. CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED XX FOREIGN COUNTRY) Jamaica Jamaica Allegany County AND 3 TO THE FURETAIN PAGE 5
HOULD BE FILED, VECORRS, 201 W IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Memorial Hospital Cumberland SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Allegany Maryland Cumberland YES SZ 236 Glenn St 21502 18. GIVE PAGES 1, 2, WITH FORM PM 3. IN PAGES 1 AND 35H. IT. PAGES 1 AND 35H. IT. PAGES 10 AND 35H. IT. PAGES 10 AND 35H. 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME unknown unknown 16b. SOCIAL SECURITY NO. 7. INFORMANT 118 Independence St. No 110-46-6872 Cumberland, MD Janet Jackson 2150 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Stab wound of chest IMMEDIATE CAUSE (o)_____ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. TE, WRITING THE WORD "FENDING" IN RWARDED TO THE CHIEF MEDICAL E. PAGE 3 SHOULD BE USED AS A BURN. STATE DEPARTMENT OF HEALTH AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 16 CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO BURIAL 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOUR XXX. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING 9:50 m 6-25-19 87 Subject was stabbed. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 2 If. LOCATION 21d INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) Allegany STATE 236 Glen St., Cumberland MD house PAGE 4 SHOULD BE FORW

TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST.
BALLIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Inspection and in my opinion X Undetermined manner death resulted from Accident Notural causes TITLE (SPECIFY) Deputy Chief 6-26-87 SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., MD Ann M. Dixon, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 7-3-87 Burial Sunset Mem. Park Cumberland 07/84 Leasure-Stein Funeral Home, **DHMH - 17** 230 Baltimore Ave. Cumberland, MD 21502 (VR A15 ME (5))



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					STATE OF MARTLAND		
		1	FOR	DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENE	W M9
		1	STATE REGISTRAR		CERTIFICATE OF DEATH	8 / REG. NO.	5000
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STATE OF MARYLAND SILCOX-MERRITT FUNERAL DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME 26 HOUR JUNE 9,1987 5:00P (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY 12b. KIND OF BUSINESS OR APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK YES [NO [(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN and that in (my) (our) opinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN [909-B SETON DRIVE CUMBERLAND, MD.21502 BP. 250. DATE REC'D, BY, REC 38 R 256 REGISTRAN SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

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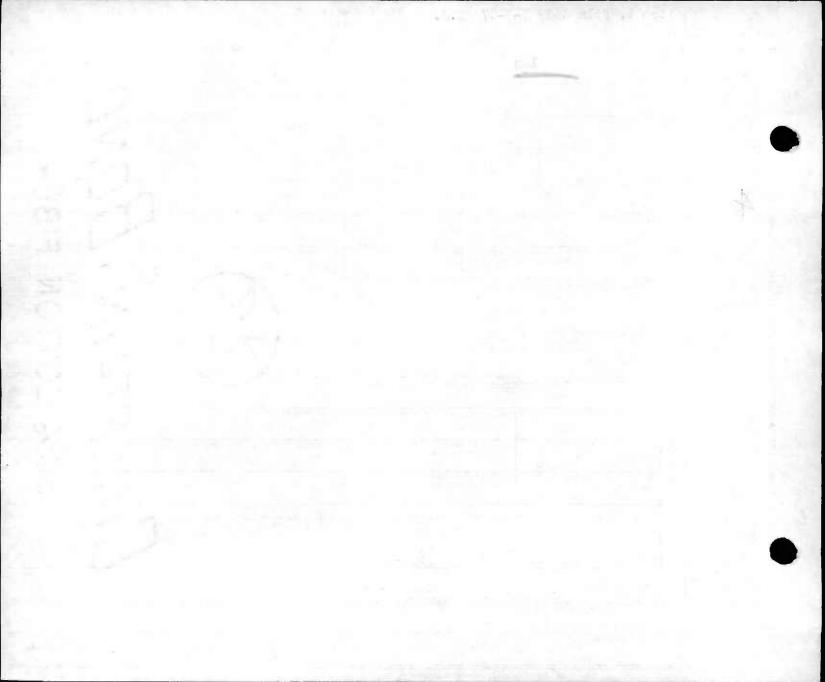
DESCRIPTION OF THE

TRAIN MANY SHIP

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate his executed within 32 pain after death. Page 4 may be reformed by the haspital or offending physicion.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending process, and completely tilled the funeral director, page 3	should be detached for use as the bunal-transit permit. Then please remove co-banders Pages 1 and 2 should be that within 72 hours after death with the State Dept of Health and Mental Hygiene prior to bunal, cremanics, or minimal.	IMPORTANT: If hem 21 is morked or hem 18 shows ony injury, or other traumants event, the medical examiner was the called of press
DIVISION OF VITAL RECORDS, 20	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed	should be detached for use as the burial-transit permit. Then please remove corban expers Pa with the State Dept of Health and Mental Hygiene prior to burial, cremanises, or remains	IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, o

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OR BER		Dr. John	Mehanna	900	9-R Seto	n Drive, Cumb	arland MI	21502
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DHMH 16,60M 7/84 (VRA 15, 4)	A.	Craig Rotruck	85 S Main St	Keyser, WV 267	726	UL 08 1097, 9	ulia Davidson	-Mandelle

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equires thorth's death co in signed by the attending Then please remove con- to burion cremation, or injury, or other troumotic	z	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR A		O DEATH BUT	NOT RELATED TO THE TE	rminal disease or conditio	IN GIVEN IN PAR	T 110
on. hos bee t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION			,, , , , ,	N WAS PERFORMED	YES NO	YES [JSES OF DEATH?
3 PHYSICIAN: Trending physici er this certificate the burial-transi and Mental Hygi ked or Item 18 sh		2)a. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	MONTH	DAY YEAR	21c. HOW INJURY OCCI	URRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PAR	[2]
Of PHYS offendin for this of s the but s and Me rked oc	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET	INJURY T, FACTORY OFFIC	E FARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNT	Y STATE
TENDIN pital ar TOR: Afi or use o of Health		22a I certify that (I) (this hosp sow the decased alive o above, (I) (se) (did) (did n				, 19 nd that in (my) (our) opinio	on death occurred on the date on	19 nd hour and from	, that (I) (we) lost the couses stated
HOSPITAL OR AT med by the hosp FUNERAL DIRECT UID be detached for the State Dept.		226. SIGNATULE	A	er geom.	mo	DEGREE ATTENDING PHYSICIAN 22e ADDRESS			CATE SIGNED
retoined by the TO FUNERAL (Should be deto with the State [IMPORTANT: If		Dr. Bruce Bel					on Drive, Cumbe	erland, N	4D 21502
BP	230	BURIAL, CREMATION, REMOVA (SPECIFY) BUTIAL	236 DATE 07-02-			emetery or cremator Cemetery	Bethel	COUNTY	STATE
BP DHMH - 16 60M 7/84 (VRA 15, 4)		(CDECIEV)	07-02-	-1987	Bethel	Cemetery	Bethel PATE REC'D. BY REGISTRAR 236 R		W\

School Later Transfer Sing Com Successed Inno 29, 1 "7 Com Leading the design of the second seco

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"L'aming Country,

FOR 1 - STATE REGISTRAR
1 DECEASED NAM

STATE OF MARYLAND DEPARTMENT OF H CERTIF

EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	REG	. NO.	5	ò	6	હ
AST	20. DATE OF	1		DAY	YEAR	2b HOL	JR9:15
INES	June	1,	1987				P.M.
OF BIRTH	6. AGE (IN)			IF UNDI	ERIYEAR	IF UNDER	24 HRS
2-14-1908 YEAR		78	YR:	MONTHS	DAYS	HOURS	MIN.
	9. BALTIMO	RE CIT	Y OR COUN	ITY OF DE	ATH		

		EASED NAME	FIRST	A	AIDDLE	t.	AST	20. DATE OF DEATH	MONTH ,	DAY YEAR	26 HOUR9:1
1	TIYPE	OR PRINT)	NELLIE	LEC	NA	RA	INES	June 1,	1987		P.M
	3. SEX		14	RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS
		FemA	le	1	White	MONTH	2-14-1908 YEAR	78	YRS	MONTHS DAYS	HOURS MIN.
			OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	
7	C	WV	1	USA	A	WIDOWE		Allega	nsz		MD.
1	10. CI	TY OR TOWN OF D	EATH 1			NG HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUP	ATION		F BUSINESS OR
1	1	Cumberland	H	Memori	HFACILITY, GIVE STREET .al Hospi	tal		ret. co			aurant
1		AL RESIDENCE (IF N. TATE WV	LIBL COUNT		GIVE RESIDENCE BEFOR 13c. CITY OR TOW Short	VN	13d, INSIDE CITY LIMITS? YES NO K	13e.STREET ADDRES	SS / ZIP CODE	9	19999
1	MEA	THER'S NAME	AA M	DDLE	LAST		15. MOTHER'S MAIDEN NA	AME			
4	1	FIRST	James	Carder	CASI	3000	first Mai	ry McDonald	1	LAS	
1		AS DECEASED EVE		ED FORCES?	16b. SOCIAL SECU	URITY NO.	17. INFORMANT		DRESS		
)	(*)	no no	(IF TES, GIVE V	VAR OR DATES	234-76-4	875	Mrs. Lois J	. Alt, Sho:	rt Gap,	WV - d	aughter
		PART I. DEATH	ATH (Enter only WAS CAUSED IMMEDIATE	BY:		Ces pi	ratey Arres	t.		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
	NO	Conditions, if or gove rise to in couse (a), sto underlying cou	mmediate ting the sse lost.	(b) DUE TO, OI	R AS A CONSEQUE ONTRIBUTING TO	STAT JENCE OF	by Varcular NOT RELATED TO THE TERN	Jecsdens Jecsdens enal history	// 0	EN IN PART 110	
1	CERTIFICATION	190. DATE OF OPER	RATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOT	IN CERTIF	S, WERE FINDING CAUSES	
7	MEDICAL CER	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME 21d. INJURY OCCU	CAUSE OF DEATH	P.i	M. MONTH D M.	19	216. HOW INJURY OCCUP		NJURY IN ITEM 18 P	COUNTY	STATE
	¥	WHILE NOT AT V	WHILE	(AI HOME, SIK	EET, FACTORY, OFFICE,	PARM, EIC)	3,1100				
		220.1 certify that saw the dece	(I) (this hospitolosed olive)on_				nd that in (my) (our) opinion	, to, to			that (I) (we) last couses stated
		27% SIGNATURE	Kanji	Theo				MEDICAL S		m. DATE	3/87
		774 PHYSICIAN'S	NAME (THE PHE	Andi	5 W 11 W		22e ADDRESS Memor	ial Hospit	al Medi	cal Rui	Idino
		Dr. Ran	njithan				Cumbe	rland, MD	21502	.car bui	Taring
		URIAL, CREMATION	N, REMOVAL	23b. DATE	23ε.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			67.47
	-	SPECIFY) Bu	rial	06-04	-1987 St	unset	Memorial Parl		* .	Allegan	STATE MD .

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If Irem 21 is

24 FUNERAL DIRECTOR

James F. Scarpelli, Cumberland, MD 21502

Sunset Memorial Park

Cumberland

Allegany

JUNO 8 1987 Julia Dignator

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. N	10.	5	6	t
DATE	OF DEATH	MONTH	DAY	YEAR	76

4141	0,	REGISTRAR		4		REG. NO.	2 0 0 1			
0.000		CEASED NAME FIRST OR PRINT)	MIDDIE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR.			
poge 3	(ITP)	RICHA	ARD THEODORE	R	7FR	06	17 87 2230P M			
ter d	3. SE		4. RACE	5. DATE (-	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.			
urs af		MALE	WHITE	04	28 00°	87 YR	The state of the s			
2 hou		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	NTY OF DEATH			
		ARYLAND	U.S.A.	WIDOWE		ALLEGANY COUN	IVID.			
filed with		MBERLAND	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE MEMORIAL HOSPI		ASSIST. ISO USUAL OCCUPATION SCHOOLS					
oduld be	130. 5	RYLAND AL		RE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO _	13. STREET ADDRESS / ZIP CO	ST., 21545			
O kar	14. FA	THER'S NAME GE ORGE	HENRY RIZER	15. MOTHER'S MAIDEN NAMELIA	MIDDLE	KIRBY LAST				
dicol		VAS DECEASED EVER IN U.S.,	CINE WAR OR DATES		17 INFORMANT	ADDRESS	73 - 15			
V		NO	212-38-	5421	EDITH S. RI	IZER, MT. SAVAG	E, MD. 21545			
105			only one couse per line for (a), (b), a				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
1		IMMED	IATE CAUSE (0) CAR	DIA	C ARRI	ES7	IN MRDIMA			
motic		Canadalana Maria	DUE TO, OR AS A CONSEQUENCE OF ACUTE	JENCE OF	ET VENT	RICHLA FAIL	VE IM NE + 7B			
r from		Conditions, if any, which gave rise to immediate cause (a), stating the	107							
of other		underlying couse lost.	DUE TO, OR AS A CONSEQUENCE	JENCE OF	NFRIOR M	40CARDIA	1 27 DAYS.			
7,0	7	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION	GIVEN IN PART 110			
2 2	10		210906020515	my	OCARDIAL					
Swanny 2	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO			
18 st	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)			
iftern (CAI	(IF EITHER, NOTIFY MEDICAL EXAMI	NER) P.M.	19						
rked ar	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
s moi		22a.1 certify that (1) (this ha	spital) attended the deceased from		421 19 87	to AUNE	1719.87 , that (1) (we) lost			
21 :		sow the deceased alive above, (1) (wa) (did) (did)	not) view the body ofter death.	87.01	nd that in (my) (our) opinion o	death accurred on the date and I	hour and from the couses stated			
hem Hem		226. SIGNATURA		- (DEGREE		224. DATE SIGNED			
ate 17		(/ Denie	· punter		MI) ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	6-18.87			
STANT		THE PENSACTAN'S NAME (TYP	E CANADA		27e. ADDRESS					
MPORTANT		DR. JACOBSON			MEMORIAL HO	OSP., CUMBERLAN	D, MD.			
> <	23a E	SPECIFY) BURIAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE			
_	_		JUNE 20'87 M	THODI	ST CEMETERY		ALLEGANY, MD. STATE			
OM 7/84	24 FI	DURST FUNERA	L HOME, FROSTBUR	G, MD.	21532 25a DATI	IN 2 2 1987	SISTRAP'S SIGNATURE			

.2.1.1 SILVEN ALCORD A TAKE AND THE TELEVISION OF A DESCRIPTION OF A DE 11 TO 10 TO THE CASE SOLD SERVICE SERVICES OF THE SERVICES, THE SERVICES, THE SERVICES, THE SERVICES, THE SERVICES, THE SERVICES OF THE SERVICES, THE SERVICES OF THE SERV

THE OF LEWIS BURNEY, STATES OF THE PARTY OF

	-	-	-	
	TO HOSPITAL OR ATTENDING PHYSICIANS: The tow requires that the death certaincale be executed within a most part of the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely illim in this time the time and completely illim in this time the time and completely illim in this first time to complete 3	should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the with A stranger of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If hem 21 is marked at them 2 as well any injury, or other troumotic event, the medical exomages must be starting about

		EASED NAME FIRST DR PRINT) EDITH	MIDDLE	ROBERTSON	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
3	SEX	LUIIII	MAY 14 RACE	5. DATE OF BIRTH	JUNE 1, 1987 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
	147	EMALE	WHITE	3/14/1895	ear 92 yrs	MONTHS DAYS HOURS
7	a BIF	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE		BALTIMORE CITY OF COUNT	TY OF DEATH
1		MARYLAND	U.S.A.	WIDOWED DIVORCE	ED ALLEGANY COL	
à		OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI SACRED HEART		ON 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	126 KIND OF BUSINES INDUSTRY OWN HOME
1	3a. S	TATE 136 COL	PROTHER INSTITUTION GIVE RESIDENCE BE	OWN 13d INSIDE CITY LIA	MITS? 136.STREET ADDRESS / ZIP CO	DE OFFO
_	_	RYLAND ALI	LEGANY FROST	BURG YES X NO		REET 2153
		MONTEZUMA	MYER LAST	FIRST	MIDDL€	COOK
1	6a W	220	IVE WAR OR DATES!		FROSTBURGRESS MD	21532
L					VELYN MURPHY, 6	ORMOND ST.
ı			enly one cause per line (3) (a), (b),	liac are	et.	APPROXIMATE INTERV BETWEEN ONSET AND D
1		IMMEDIA	are extense to	0	1	2
		Conditions, if any, which	DUE TO, OR IS IN CONSE	miral ant	c Arranga Re	aceta (
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	4	1	
1	'n	underlying cause last	(c) LAN	lic Sty	ers.	
1	-	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRAUTING	10 DEATH BUT NOT RELATED TO TH	HE THIRM AL-BUSEASE OR CONDITION O	WEN IN PART TO
┙	TION	Ken	ul feil	lure 2/1.	(K) / Jeffula of	my_
1	CERTIFICATION	HE DATE OF OPERATION	19L CONDITION FOR WH	ICH OPERATION WAS PERFORMED	The second secon	ES WERE FINDINGS USED VIFYING CAUSES OF DEATH
Н	ERTI	TIE ACCIDENT WAS UNDERLYING	716. TIME OF INJURY	ZIL HOW INJURY	OCCURRED (SWITER SHATURE OF POLICES OF THEM I	(B) NO
1		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH	DAY YEAR		ON THE PROPERTY OF THE PARTY OF
	MEDICAL	214 PAJURY OCCURRED	71e PLACE OF INJURY	7H LOCATION	City OF 10WN	county up
١	-	A WORLD STOT APPLIED	(AT HOME, STREET, FACTORY, OFF	CE FARM ETC.) STREET	O = T	0 -
	2			1116.3	1 - 112401	111/
	2	27s I certify that (I) (this has	pilot attended the deceased fro	m 19	0 10	19 that (1) M
	2	saw the deceased Nice of	mue (149 W	aginian death accurred on the date and h	our and from the couses sta
	2	saw the deceased Nice of	1 4 4 1	ond that in (my) (aur) DEGREE	Out IV. Calabor Spaces	por and from the courses sto 276 DATE SIGNED
	2	sow the deceased have a gover to prove the way that the state of the s	on Male of view the body after death.	DEGREE ATTEN	opinion death occurred on the date and h	
/	2	saw the deceased hive a	on Male of view the body after death.	DEGREE	DING & MEDICAL STAFF	
/	2	sow the deceased have a gover to prove the way that the state of the s	on Male of view the body after death.	DEGREE ATTEN PHYSI 276 ADDRESS	DING & MEDICAL STAFF	Mare 1. 80

THE LEW COLUMN TELEVISION TO THE PROPERTY OF THE PROPERTY OF

076 JUN	9.	MARKWOOD F FOR 111 MINERA STATE REGISTRAR KEYSER, W		EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH	GIENE 8 7		5	6	7 1
m 5		CEASED NAME FIRST	MIDDLE		AST .	20 DATE OF DEATH	ниом	DAY		26 HOUR
ter death		KATHLEEN	ANN	SAND					1987	8:45P M
	3. SE	Female	RACE White	5 DATE C		& AGE (IN YEARS LAST BIR	YRS.	MONTHS	DAYS	HOURS MIN.
(9/10	70 BI	RTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT CO	INTRY? 8	NEVER MARRIED	9 BALTIMORE CITY		Y OF D	EATH	
1		W.Va.	USA	WIDOWE		ALLEGA	ANY C	OUNT	Y	MD.
	1	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI			126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKET 126 KIND OF BUSINESS O INDUSTRY OWN HOME				
		ALRESIDENCE (# NUR NG HOME OR O STATE 134 COUNT W. Va.	Y 13c CITY (CE BEFORE ADMISSION) OR TOWN Keyser	138 INSIDE CITY LIMITS?	130 STREET ADDRESS Rt. 4	/ ZIP COI Box	DE 30	9 9	9999
1	JAME A	THER'S NAME	DD1E 1	LAST	15. MOTHER'S MAIDEN NA	WE			LAST	
O S		1011000	A. Cos		Katherine			N:	ichol	1
medico		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (14 YES, GIVE T	ED FORCES? 166 SOCI. WAR OR DATES) 21766	AL SECURITY NO.	Michael L.	ADDR	K1			x 309
y injury, ar other traumatic	VIION	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO		NSEQUENCE OF		AINAL DISEASE OR CON				IGS USED
Soul	CERTIFICAT	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	YES NO X	IN CERT	TIFYING TES [CAUSES	OF DEATH?
Hem 18 she		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MON P.M.	ITH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18	PART I OI	R PART 2}	
rked or H	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY		211. LOCATION STREET	CITY OR TO	NWN	cc	OUNTY	STATE
n 21 is mo		220.1 certify that (II (this hospital saw the deceased alive on abave, (I) (we) (did) (did not)		19, or	d that in (my) (our) apinion	, to death occurred on the d	ate and h	-	from the c	
NT: # Her		C. J. Vicice		mo	ATTENDING PHYSICIAN [MEDICAL STA		2	CATES	5/87
with the Sto		VINCENT,	CLARENCE, M.			N DRIVE, CU	MBERL	AND,	MD	21502
9		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 6/17/87	Potomac	EMETERY OR CREMATORY Mem. Gardens	23d LOCATION CUTY OR TOWN Keyser		Mine		W.Va.
60M 7/B4 15, 4)	14 19	INFRALDIRECTOR W. M.	my con ou	DDRESS	Mineral Stra., W. Va.	TE REC'D. BY REGISTRAF IN 1 8 1987	25b, REG1	STRAR'S	SIGNATO	VRE Jaks

ESTREET AND DESCRIPTION 古法是 首原制 。 11人类301 EEL1 11 . EE 92 ... willi tot a tot a contract franchis and the India delimina delimina delimina 217E(7822 attended 1. Manderu, ... | Black, ... | 25 739 30 mg formally trades and the same trades from Laborat . The fire of the state of the . W. . TOWNEL BOOK I YEAR

w	_	1		Ziegle	r Fur	neral Ho	me	STAT	OF MARYLAND				
15/	024	JUN	BI	FOR STATE REGISTR HANDE	ın, PA			CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		5 6	12
	e ω ξ			EASED NAME	FIRST -		MIDDLE		AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b, HOUR
	nay be poge 3				Ruth		garet		erman	June 12,			4:50A M
	or. P		3. SEX			4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI	MC MC	UNDER I YEAR	HOURS MIN.
	Poge direct		W. D.II	Female			asian		/15/1894	93 9 BALTIMORE CITY	YRS	C DE ATH	
	deoth. Punerol d	John Contraction of the Contract	C	THPLACE (STATE OR F		USA		MARRIE		Allega	ny Coun		MD.
10	by the fu	Polithed		YORTOWN OF DEA Cumberlai	- 4	(IF NOT IN SUC	HOSPITAL, NURS THEACILITY, GIVE STRE LE HEART	ET ADDRESS)	al	(TYPE OF WORK FOR MOST Homemak	OF WORKING LIFE)	126 KIND C INDUSTRY	OF BUSINESS OR
ND 212	24 hour	ansk be	13a. S	L RESIDENCE (IF NURS)	136 COUN	other institution. ITY aford	136 CITY OR TO Hyndm	WN	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS P O BO		1554	5999
YLA	tely 2 sh	207	74. FA	THER'S NAME	1				15. MOTHER'S MAIDEN NA	ME			
MAR	mple ond	11/4	2	Matthew	F	Howard	Piers	on	Margar	et Vic	ctoria	St	oudenour
R.	xecut nd co	S.		'AS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDR	ESHynd:	man,	PA 15545
MO MO	Pog .	med)	- (1	no	(IF YES, GIV	E WAR OR DATES)	2080918	839	Harold E.	Sherman	PO		
SALT	sicio pers	ent, th		18 CAUSE OF DEAT	H (Enter on	ly one cause per	line far (a), (b), o	and ic.				APPROX	MATE INTERVAL ONSET AND DEATH
T. B	rtifice phy on po	event, th		PART I. DEATH W		D BY: E CAUSE (a)	Acute	Keny	watery fa	ylure			
NO	h ce nding	oric				DUE TO, O	R 45 A CONSEO	UENCE OF	3.				
EST	deoth offendi	mon.		Canditions, if ony,		(b)	Bronc	ho you	reymorna				
W. P.	by the	other traumatic		gave rise to imm cause (a), stotin underlying cause	g the	DUE TO, O	r as a conseo	UENCE OF					
DS, 201	quires †	io burio ijury, ar	NO	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	UNAL DISEASE OF COI	NDITION GIVE	V IN PART 1	a
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	hos been permit.	Sony	CERTIFICATION	190 DATE OF OPERAT	ION	196. COND	ITION FOR WHIC	H OPERATIO	NWAS PERFORMED	200 AUTOPSY? YES □ NOS€			NGS USED OF DEATH?
DF VITA	PHYSICIAN: The ending physicia this certificate	Item 18 sho		21a. ACCIDENT WAS UND	AUSE OF DE	HOUR A.	M. MONTH		21c. HOW INJURY OCCUR				
N	JINSIC Jing S cei	Wen He	MEDICAL	(IF EITHER NOTIFY MEDIC			M. OF INJURY	19	21f LOCATION				-
IVISIO	offer the	morked or	ME	WHILE NOT WH	RK	(AT HOME ST	REET, FACTORY, OFFICE	E. FARM ETC)	STREET	CITY OR I	OWN	COUNTY	STATE
_	NO S	is me		220.1 certify that (1)			e deceased from			, to			that (I) (we) last
	Spite CTO I for	121		sow the decease abave, (I) (we) (c	ed alive on did) (did na	t) view the bady	after death	. 0	nd that in (my) (our) opinion	death occurred an the	date and haur o		
	the har DIRE	with the State Dept.		226. SIGNATURE		Jaki.	me.	m	ATTENDING PHYSICIAN	MEDICAL ST.		22c. DATE	SIGNED
	HOSPITAL ned by the FUNERAL	ANT.		22d PHYSICIAN'S NA	AME (TYPE O	R PRINT)	1		22e ADDRESS	DIRECTOR EL TITIS	CIAIT	10//	9/07
		ORT		Dr. Wal	lv Hi	iiah			909-A Seto	n Drive.	Cumberi	and M	(D 21502
0	0 te 0 te	N W		URIAL, CREMATION,	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
19	GBP (4	(Burial	1-	06/15	5/87 H	lyndma	n Cemetery	Hyndmar	, Bed	ford.	PA STATE
11	DHMH - 10 00	M 7/84		NERAL CONTRACTOR	1/24	5	ADDRESS		25a PO		R 256. REGISTR		
	(VRA 15,	4)		Harvey	H. Zk	eigler	, Hyndm	ian, E	A	710.66	4		110000000000000000000000000000000000000

Months Valent Maral Months TALL AT ALL DON'T A STREET, STRE The second second second second

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the first of different should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fifted with a first death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

medical

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the

056830

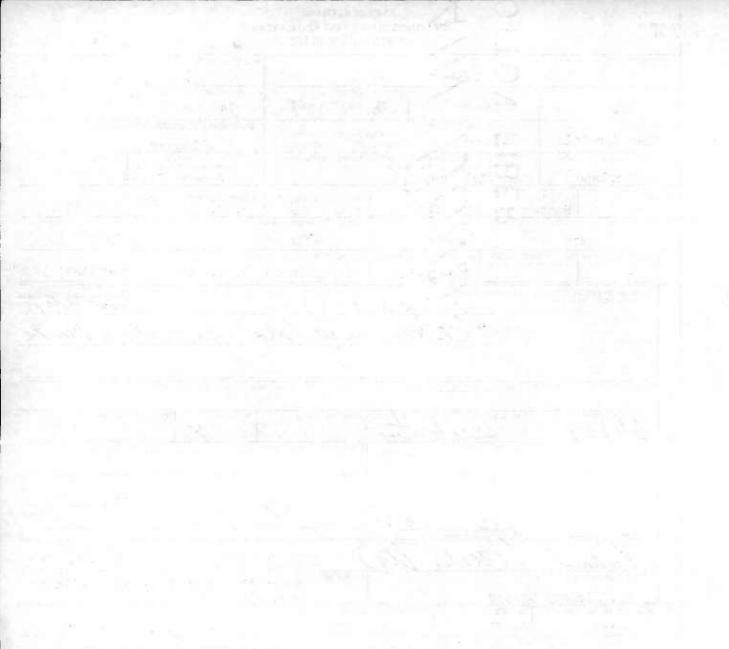
FOR

STATE OF MARYLAND	S	TATE	OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

8 /REG. NO.	5	6	1	3
DATE OF DEATH MONTH	DAY	YEAR	2b. H	OUR

REGISTRAR				CLICT	TONIL OI	,	9	REG. N	0.	~	0	E .	~
1. DECEASED NAME	FIRST		MIDDLE	ı	LAST	714	20 DATE		MONTH	DAY	YEAR	26 HOU	JR ·
	JOHN		IOWARD		OBE				ne 4,	-		6:00) AM
3. SEX		4. RACE		5. DATE C		VEAD	6. AGE (IN	YEARS LAST BI	(YADHTS	MONTHS.	RIYEAR	IF UNDER	24 HRS
Male		White	9	Feb	. 14	1913	7	4	YRS.	ALC: VIII.S	DAIS	HOUKS	m Ira.
70. BIRTHPLACE (STA		76. CITIZEN OF	WHAT COUNTRY?		D NEVER	MARRIED -	9. BALTIM	ORE CITY		Y OF DE	ATH		
10 CITY OR TOWN O				WIDOWE		VORCED [Alle	gany				MD
Cumber1		(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET .al Hospit	ADDRESS)	OR OTHER INS	TITUTION	(TYPE OF WO	LOCCUPAT ORK FOR MOST OPPORT	OF WORKING	LIFE) IND	USTRY	f BUSINE hard	ESSOR
USUAL RESIDENCE (130. STATE	136 COU	OTHER INSTITUTION		ADMISSION)	13d. INSIDE C	ITY LIMITS?		ADDRESS			9/2	6852	99
FATHER'S NAME	oward	WIDDLE	Shobe			S MAIDEN NAM LUCY		WIDDLE		Suls			
160. WAS DECEASED			16b. SOCIAL SECU	RITY NO.	17. INFORMA	TNA		ADDR	ESS				
(YES, NO OR UNKNOW	(IF YES, GI	VE WAR OR DATES)	232-26-1	1494	Maxin	e Shobe	, P.	0. Box	265	, Pur	rgit	svil	le,V
	ony, which immediate stating the couse last.	DUE TO, O	R AS A CONSEQUE ONTRIBUTING TO E	ENCE OF		TO THE TERMI	INAL DISEA		20b. IF YI	hi (Co A	IGS USE	AS
210. ACCIDENT W	AS UNDERLYING	21b. TV/XE C	EU TORE	Tes	21c. HOW IN	JURY OCCURR	YES T	NO S	Y	YES 🗌		NO [
	CAUSE OF DE			AY YEAR			,						
Z1d. INJURY OC	Y MEDICAL EXAMINED COURRED NOT WHILE AT WORK	21e. PLACE		ARM, ETC)	21f LOCATION STREE	ON		CITY OR TO)WN	col	UNTY	S	STATE
saw the de	eceased alive an	/ / -	e deceased from	8 75/	nd that in (my)	, 19 6 (our) opinion d	eath accur	red on the d	ote and ha	, 19 our and fr	om the	hot (1) (9 couses sto	we) lost
27h SIGNATUR	und	40	Elder !	14		ATTENDING PHYSICIAN	MEDICA DIRECTO	L STA		220	DATE:	SIGNED	>
	Richard				22e. ADDRES	Memor	ial H	ospita	al Me 21502	dica.	1 Bu	ildi	.ng
30 BURIAL, CREMAT			23c. N	NAME OF C	EMETERY OR		23d. LOC						
(SPECIFY) Buria		6/7/87			Cemeter	У	Pu	rgits	ville	Ham		re s	VW
J. Blai	or Shafi ne Scha		eral Home Romney,	, Inc.	•	250. DATE	REC'D. BY	REGISTRAR 987	25b. REGIS	Dear B		JRE	



MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7g. DATE OF DEATH

2b. HOUR

1987

Coa 1

COUNTY

REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

77c DATE SIGNED

W. siVa.

DAYS

12b. KIND OF BUSINESS OR

Armentrout

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

LAST

#18.FilmG636 2/24/88 kam

REGISTRAR 1. DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

TYPE OR PRINTI

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	PV				
TO TOTAL AT THE					
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.av .a em	tal esquid	Per Park		SIN A	
		(0) 1	97 pt 220	solve I	

OR ATTENDING PHYSICIAN: The low

HOSPITAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	/ DEC NO	1	5	6	1	
	REG. NO.					

	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	8	REG. NO.	5 6	13
	DECEASED NAME	FIRST	MID	DLE	ı	AST	2a. DATE OF	DEATH MONTH	DAY YEAR	26. HOUR 4
	(TYPÉ OR PRINT)	Letha	G •		Simmo		6/06			3:10p
3.	SEX	4	RACE		5. DATE O		6. AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS DAY	
	female		white		2	22 23	63 64	YF	RS.	
70	BIRTHPLACE (STA	TE OR FOREIGN 7	b. CITIZEN OF WI	HAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMOR	RE CITY OR COU	NTY OF DEATH	
P	Marvla	nd	U.S.A		WIDOW	- V	I IA	egany		M
10	O. CITY OR TOWN O				IG HOME (OR OTHER INSTITUTION	12a. USUAL C	CCUPATION		OF BUSINESS OF
4	Frostbur	g MD		urg Com		y Hospital	Cus	todian	SCA	ool
	SUAL RESIDENCE (1 30. STATE	NURSING HOME OR C	THER INSTITUTION, GI		ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET A	DDRESS / ZIP C	ODE	
5	MD		lea	Frost		YES NO		ost Vill		1532
14	I. FATHER'S NAME				y y	15. MOTHER'S MAIDEN NA			- 3 -	
91	FIRST	ence	St	cevens		Grace		WIDDIE	Short	LAST
/ 10	60 WAS DECEASED	EVER IN U.S. ARM	NED FORCES? 1	66 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS	1.1	363
	(YES, NOR UNKNOW	N) (IF YES, GIVE	WAR OR DATES)	215-14-	6537	Sandra Ke	eister.	, Fros	tburg,	Ma
F	18. CAUSE OF I	DEATH (Enter only	y one couse per lin	ge for (0), (b), on	d (c)	CI			APPRO	OXIMATE INTERVAL IN ONSET AND DEATH
	PART I. DEA	TH WAS CAUSED		Candi	Oger	ne shock				
		Work Control		AS A CONSEQUE	ENCE OF		0 ,	, _	,	
	Conditions, if	any, which	((b) (Denti	M	30 cardet) Infa	retur		
1	gove rise to		DUE TO OR	AS A GONSEQUE	ENICE OF					
		cause lost.	DOE TO, OK		var	1 Ihran	lun -			
	PART 2. OTHER	SIGNIFICANTO	ONDITIONS CON	TRIBUTING TO	DEATH BU	NOT RELATED TO THE TERA	MINAL DISEASE	OR CONDITION	GIVEN IN PART	l(o)
	N A	Puta	0000	0.1-0	1	Hyperlin &	ini 1			
K	190 DATE OF O	PERATION	196. CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO		YES, WERE FINE	
2	Ĕ I						YES 🗀	NO TO	RTIFYING CAUS	NO []
7	190 DATE OF O	AS UNDERLYING	216. TIME OF			21c HOW INJURY OCCUP	RRED (ENTER NAT		A 18 PART I OR PART 2)
-4	OO CONTROLOUTING	CAUSE OF DEAT	11		AY YEAR					
	(IF EITHER, NOTIF	CURRED	P.M.		19	211 LOCATION				
	AALIIEE L	OT WHILE		T, FACTORY, OFFICE, F	FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
		AT WORK	15	A		107/1		1.16	1087	_, that (I) (we) las
		ot (1) (this hospite	616	leceosed from		nd that in (my) (aur) opinion	depth occurred	d on the date and	hour and from t	
	abave, (I) (we) (did) (did not	view the body of	ter death.	,	DEGREE				TE SIGNED
	ZZB. SIGNATOR	5	? (In	wellin		ATTENDING	MEDICAL	STAFF PHYSICIAN	6	18/87
71	22d. PHYSICIAN	I'S NAME (TYPE OR	PRINT)			22e ADDRESS			- 37	
	Dr	. S.L. S.	andhir			48 Tarn Ter	race, F	rostburg	MD	
/										

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

(SPECIFY)

FOR

24. FUNERAL DIRECTOR Durst Funeral Home, Frostburg, Md.

6187

Eckhart Cemetery Eckhart Allogany.

250. Day Reop. dy Ray Odar 250. REGISTRAR'S SIGNATURE

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Loorlod	a income				
21532					
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STATE OF MARYLAND

DEPARTM

ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	5	6	7	6
LAST	20. DATE OF DEATH MONTH	DAY	YEAR	2b. H	OUR
GT101017G	17 17 1007			E . E	1.

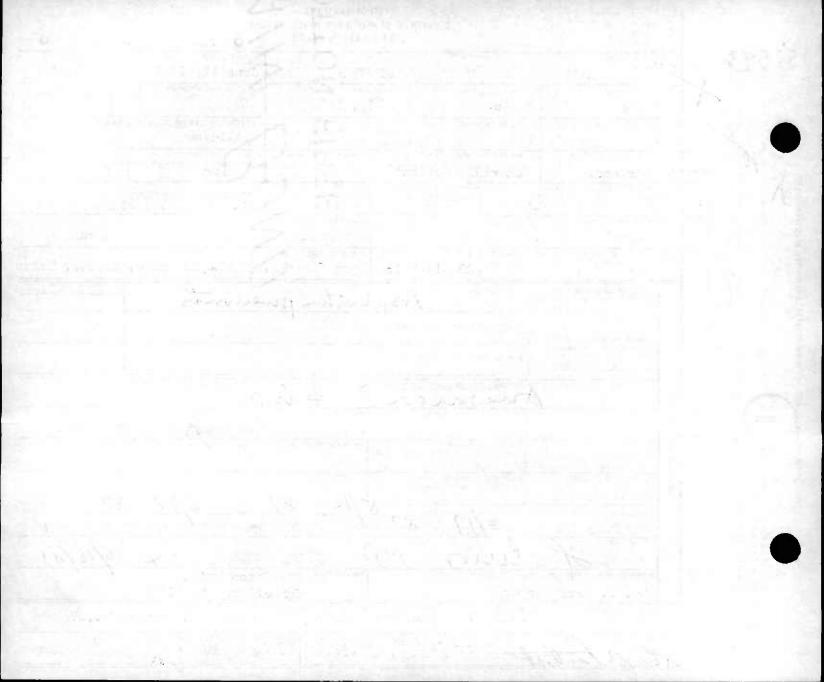
H3me at EREC'D. By REGISTRAR 256. REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR		DEPARTMI		ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 REG. N	o. £	5 6	76	
2	I. DECEASED NAME FIR	ST	MIDDLE	LA	THE RESERVE AND ADDRESS OF THE PARTY AND ADDRE		MONTH DAY	YEAR	2b. HOUR	
	MARY SEX Female BIRTHPLACE (STATE OR FOREIGH WV) CUITY OR TOWN OF DEATH Cumberland,		Н	SIM	MONS	June 17, 1	.987		5:54 P M	
	3. SEX	4. RACE		5. DATE OF		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS	
	-	White		Oct 1	0, 9908 YEAR	78	YRS.			
7	6. BIRTHPLACE (STATE OR FOREK WV	76. CITIZEN OF	WHAT COUNTRY?	B. Married Widowed	☐ NEVER MARRIED ☐ DIVORCED ☐	9 BALTIMORE CITY C Allegany	_	MD		
1	Cumberland,	JIF NOT IN SUC	HOSPITAL, NURSING CHFACILITY, GIVE STREET AD al Hospita	DRESS)	r other institution	OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Teacher			of business or	
7	UAL RESIDENCE (IF NURSING F	ome or other institution. County Morgan	13 Paw Paw		13d. INSIDE CITY LIMITS? YES NO (1)	Rt. #1 Bo:	/ ZIP CODE x 73, 2	5434	99999	
7	Harry	A MIDDLE	Hook		15. MOTHER'S MAIDEN NAM Anna	MIDDLE		DeHavê	ěn	
5	(YES, NOOR UNKNOWN) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	16b. SOCIAL SECUR 236-14-7		17 INFORMANT Lynn Simmons,	, 309 Maple		Scher	tz, Texas	
	underlying cause lo	ich (b) the ast.	R AS A CONSEQUEN R AS A CONSEQUEN DITRIBUTING TO DE	ATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	a'	
1	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLY	19b. COND	ITION FOR WHICH C	A	I WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, V IN CERTIFY IN YES		NGS USED OF DEATH?	
1	On COLUMN THE CALLS	E OF DEATH HOUR A.	M. MONTH DAY M.	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATUR OF INJU	RY IN ITEM 18 PART	1 OR PART 2)		
	GREON RIBUTING CALES (IF EITHER NOTIFY MEDICALES 21d. INJURY OCCURRED WHILE NOTIWHILE AT WORK	LAT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FAR	M, ETC)	211 LOCATION STREET	CITY OR TO	KA	COUNTY	STATE	
	226. SIGNATURE	did not) view the bad	19 8	/	, 19, dithat in (my) (aur) apinian c EGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF \	nd Iram the	that (I) (we) last causes stated	
	22d. PHYSICIAN'S NAME					Seton Drive				
	Dr. S. Hars					rland, MD	21502			
	(SPECIFY) Burial	6/20/	87 Woo	drow	METERY OR CREMATORY Cemetery	Paw Paw,	Morgan	outro.,	WV STATE	

Helsley-Johnson Funeral Terkeley Springs, WV 25411

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR



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DED	AD	TAR	EM	T	n	E	м	A	13	r M		M	0	-	ENI	

1 - STATE			IEALTH AND MENTAL HYG ICATE OF DEATH	IENE	1 2	4 7 7		
REGISTRAR				REG. NO	. 1 3	0 / /		
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR		
WILLIA	AM RAY	S1	IMPSON	June 26, 1	987	8:15A		
3. SEX	4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	DAYS HOURS MIN.		
Male	Caucasian	TI	/30/1908 YEAR	78	YRS	DATS HOOKS MIN.		
TO. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	OUNTRY? 8.	D EX NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH Allegany ME				
W VA	USA	WIDOWE						
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	120. USUAL OCCUPATION		KIND OF BUSINESS OR		
Cumberland	Memorial	SPITAL		Taborer	WORKING LIFE IND	extile manu		
USUAL RESIDENCE IN NURSING HOME OF 130 STATE 13b, COU	ROTHER INSTITUTION, GIVE RESIDE NIY Ford Buff	OR TOWN alo Mills	13d. INSIDE CITY LIMITS? YES NO社子	13e STREET ADDRESS / Box 46, R	ZIP CODE D 1/ 155	34 99999		
FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA					
Rezen	H. Simp	son	Sofia	C.	Fea	Feaster		
160. WAS DECEASED EVER IN U.S. AI		IAL SECURITY NO.	17. INFORMANT	ADDRES	SS Mills.	lls, PA		
(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES! 214-	-07-6794	Marguerite S:	Impson. Box				
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	DNSEQUENCE OF	NOT RELATED TO THE TERM	inal disease or cond	DITION GIVEN IN P	'ART Iro		
NO								
No. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	198 DATE OF OPERATION 198. CONDITION FOR WHICH			200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH?		
	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P,M.			Y YEAR 19				
OR CONTRIBUTING CAUSE OF DE CONTRIBUTING CONTRIBUTING CONTRIBUTION CON	21e PLACE OF INJUR (AT HOME, STREET, FACTOR		2H LOCATION STREET	CITY OR TOW	INTY STATE			
22a.1 certify that (1) (this hasp								
saw the deceased alive ar above, (I) (we) (did) (did no		d from	, 19	, to	, 19	, that (I) (we) lost		
		19	nd that in (my) (aur) apinion					
22b. SIGNATURE		19, or	nd that in (my) (our) opinion of DEGREE ATTENDING		te and hour and fro			

marked or Item 18 shaws

IMPORTANT: If Hem 21 is

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE 06/29/87 730 NAME OF CEMETERY OR CREMATORY Madley Cemetery

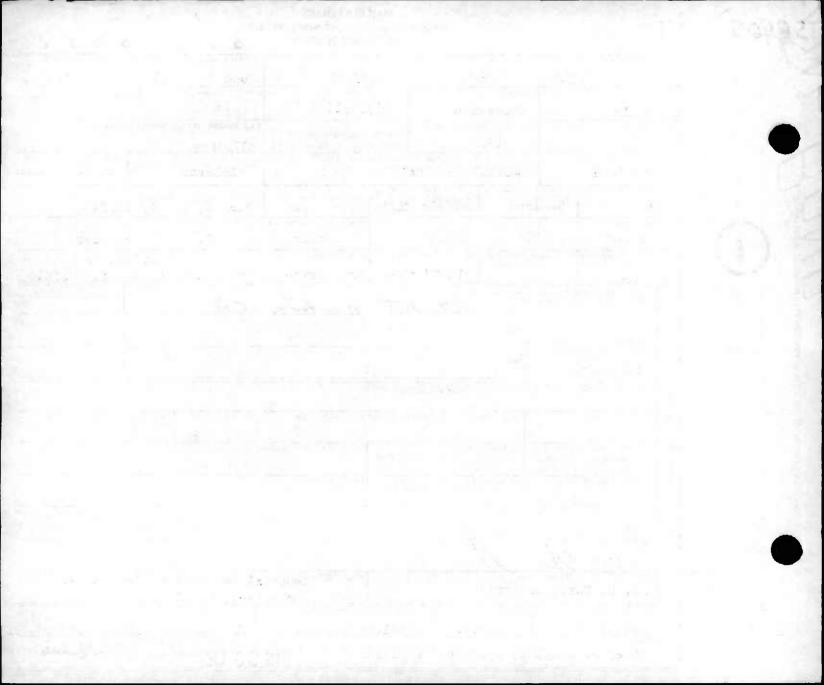
Cumberland, MD 21502 23d. LOCATION CITY OR TOWN

24. FUNERAL DIRECTOR Harvey H. Zeigler, Hyndman, PA 15545 Buffalo Mills, Bedford, PA
EGISTRARIZS, REGISTRARIS SIGNALIRE

187

Julia Danden-Kandan

BP. HAH 96 60M 7/84 (VRA 15, 4)



You I GON S	. 01	STATE 292	FIRST		WIDDLE		CATE OF DEATH		REG. NO		DAY YEAR	2b HOUR
oy be ooge 3 deoth		CR PRINT)	ANNA	E	LIZABETH	-	ITH_	20	JUNE 11,		DAT TEAK	2:00P
moy r. pog ter de	3. SEX			4 RACE		5. DATE C		6.	AGE (IN YEARS LAST BIR	[HDAY]	IF UNDER 1 YEAR	IF UNDER 24 HRS
ursof		emale		Whit		May	18,1927	1	60 BALTIMORE CITY O	YRS	OFPEATH	
10 C C C	C	ATTHPLACE (STATE OR OUNTRY)		U.S.	WHAT COUNTRY!	MARRIEI	NEVER MARRIE	ED 📙	ALLEGANY			M
ed with		Maryland Yorlown of DE Cumberland		11. NAME OF			ROTHER INSTITUTION		a USUAL OCCUPATI TYPE OF WORK FOR MOST O Homemake	F WORKING LIF		DF BUSINESS OF
Hilled be world be	USUA 13a S	L RESIDENCE (IF NUR!	136 COUN	OTHER INSTITUTION TY EGANY	136. CITY OR TOV	VN _	13d. INSIDE CITY LIM		STREET ADDRESS 807 Brad	zip çode dock	Road /	21502
mpletely and 2 sh	_	THER'S NAME FIRST Gladston		AIDDLE	McGin	n	15. MOTHER'S MAID FIRST Anna	DEN NAME	MIDDLE E.		Holŝ	singer
Poges 1		(AS DECEASED EVER ES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	2182480		17. INFORMANT Earl Smit	th - 1	ADDRE Address sa			
physicion popersion mover, the		18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSEI	y one cause pe DBY: E CAUSE (o)		nd (c).1	FAILURG				BETWEEN	CIMATE INTERVAL ONSET AND DEATH
ed by the ottending please remove carb rio!, cremotion, or r or other troumatic		Conditions, if ony gove rise to im couse 101, stofi underlying couse	mediote ng the e lost.	(b) DUE TO, C	DR AS A CONSEQUENCE TO CONSEQUENCE T	O L U			AL DISEASE OR CON	DITION GA	/FN IN PART 1	
is been sign bermit. Then I be prior to bu	CERTIFICATION	19a. DATE OF OPERA					N WAS PERFORMED		20a AUTOPSY?	20b IF YE	S, WERE FIND	INGS USED
ding physicion is certificate h buriol-transit p Mental Hygier or Item 18 sha		210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	TH HOUR	OF INJURY A.M. MONTH [DAY YEAR	21c. HOW INJURY (OCCURRED	YES NOTER NATURE OF INJU		PART I OR PART 2)	но П
After this ce ie os the buri olth and Me marked or It	MEDICAL	21d. INJURY OCCUR	RRED	21e PLACE	OF INJURY TREET, FACTORY OFFICE	FARM ETC)	21f LOCATION STREET		CITY OR TO	IWN	COUNTY	STATE
pitol or ITOR: Af- for use o of Health		22a I certify that (I sow the decease obove, (I) (we) (87		_87 opinion dea	to June John occurred on the d		ond from the	that (I) (we) lo
y the hosy the hosy RAL DIREC detoched flote Dept.		1. Va	and	- 12	111	Mm	PHYSIC	DING CIAN	MEDICAL STA	FF CIAN []	6-1	11-87
TO HOSPITAL etoined by the TO FUNERAL should be detrimined with the Stote IMPORTANT:		220. PHYSICIAN'S N		NDIA, M			22e ADDRESS	ON DR	IVE CUMBER	LAND,	MD. 21	1502
BP	(SURIAL, CREMATION SPECIFY) Burial		6-1	5-87 F	estlav	emetery or crema m Meml.Ga	rdens				
	24 51	INERAL DIRECTOR		1		7 77	T 7	250 ADATE F	REC'D. BY REGISTRAR	125h REGIS	TRAR'S SIGNA	TURF

までは、本年的中間の第十5年に Hotelsa CM PAST, T2 TABLED PAS

William And States and Annual Annual

	1	Markwood FOR 111 Minera	Funeral Home		OF MARYLAND EALTH AND MENTAL HY	CIENE	
)58406 JUL	9.	REGISTRAR Keyser,			ICATE OF DEATH	8 KEG. NO.	5679
n 95	I. DE	CEASED NAME FIRST	MIDDLE		AST	2g DATE OF DEATH MONTH	26. HOUR 12:48A
y be	L	Sand		Smit		June 30, 1987	793
. 4 moy be tor, poge 3 offer death	3. SE	x Female	4. RACE White	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Poge direc	Zov BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	Jul		9 BALTIMORE CITY OR COUN	ITY OF DEATH
neral of n 72 h		W. Va.	USA	MARRIEI	D NEVER MARRIED C	Allegany	
offer d	10. €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	E STREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	
0 20 =	1	Cumberland	Sacred Hear		aT	Social Worker	Dept. Human
AND 212	13a. S	AL RESIDENCE (IF NURSING HOME C STATE 136 COU W. Va. Mi	NTY 13c. CITY O			13e.STREET ADDRESS / ZIP CO	DDE Service 26726 99999
Within With	14. F/	ATHER'S NAME	WIDDLE	AST	15. MOTHER'S MAIDEN N	AME	IAST
on b			Straight		Billie		Pierce
S lo cut		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIA	L SECURITY NO.	17. INFORMANT	ADDRESS	
ifficate be executificate be executificate be executificate be executed by physicion and compopers. Pages emoval.	(YES, NO OR UNKNOWN) (IF YES, G	ive war or dates) 233	64 _8279	Mr. Allen 1	L. Smith, P. O. 1	Box 95, Keyser, W
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN: The low requires that the death certificate be executed within 24 rather this certificate hos been signed by the ottending physician and computation of street burial-transit permit. Then please remove carbon papers. Pages 1 and 1th and Mental Hygiene prior to buriol, cremotian, or removal.	ION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTIN) M K	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	
TAL RECO TAL RECO The law intriction. The hos bee mist permit repermit recommendations.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
OF VITA CLAN: Til physici physici ol-transi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		TH DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	1B PART I OR PART 2)
DIVISION OF DING PHYSICIA or attending pi e as the burial- olth and Mental marked or Item	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY,		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
AL OR ATTEND the hospital of AL DIRECTOR. A setoched for use one Dept. of Heol		22a 1 certify that (1) (this has saw the deceased alive a nature, (1) (we) (and) (and the control of the contro		19 87,00	DEGREE ATTENDING PHYSICIAN	medical staff	that (I) (we) last have and from the couses stated 22c DATE SIGNED 6-J0-87
O HOSPITAL eforned by the TO FUNERAL should be dete		Dr. John Me			909-B Seto	n Drive, Cumberl	and, MD 21502
should with	23a	BURIAL, CREMATION, REMOVA		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	W. Va.
BP		(SPECIFY) Burial	7/3/87	Zoar	Cemetery	Near, Morgan	town, Monongalia
199 GHAH GO 60M 7/84		UNERAL DIRECTOR		Keyser,	W. Va. 250. D	ATE REC'D. BY REGISTRAR 256 REG	SISTRAR'S SIGNATURE
VPA 15 4)	M	arkwood Mc Ken	zie Funeral H	ome, 111 S	. Minerall	2. 1027 aulia de	sidern. Kandallo

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to FUNERAL DIRECTOR, Atheboard for use as with the State Dept, of Health

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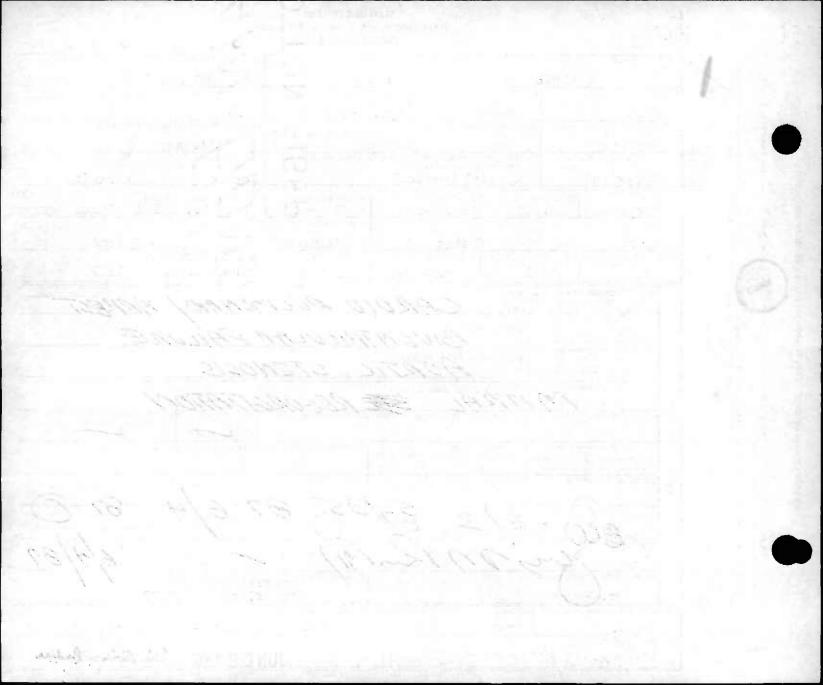
O HOSPITAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TE C	E DEATH	MONTH	DAY	YEAR	I 2h HOL

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REGISTRAR		CE	RITHICATE OF DEATH	8 REG. NO.	50	0
I. DECEASED NAME FIRST	٨	AIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	E LEST	TER	SPIKER	JUNE 4,	1987	12:45 Am
3. SEX	4 RACE			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
2 Male	White		or. 24, 1902	85 YR		HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8.		9. BALTIMORE CITY OR COU	NTY OF DEATH	
The state of the s	USA					MD.
III CITY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSING HO	ME OR OTHER INSTITUTION	12a. USUAL OCCUPATION		
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USUAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMIS	SION)			Co
100.000						_
LEATHER'S NAME	I/LII	rroscourg			JE (MALA	1 Garret
Coorgo	WIDDIE	Coilcox	FIRST	WIDDLE	Cnikox	
The state of the s				RH I ROMESSO 47		
(YES, NO OR UNKNOWN) (IF YES, G						
	VV Z		Dean Spiker	, Grancovinc, F		
18 CAUSE OF DEATH (Enter of	anly one cause per	line far (a), (b), and (c).)	0		BETWEENO	NSET AND DEATH
cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH	E REGUR	200 AUTOPSY? 206. IF	YES, WERE FINDIN	GS USED
ALT.				YES AO	YES [NO 🗆
			21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)	
(IF EITHER, NOTIFY MEDICAL EXAMIN	EAIH		19			
214 INJURY OCCURRED			ZII LOCATION	CITY OR TOWN	COUNTY	STATE
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sty de didy did r	not) view the bad	ofter death	DEGREE	MEDICAL STAFF	bour and from the c	auses stated
THISIGHT	EASED NAME INDITE LONNIE LESTER SPIKER JUNE 4, Apr. 24, 1902 White White	the DATE	auses stated			
DECRASE NAME PROJECT MODE MOD	auses stated					
THE PHYSICIAN THAME ITHE	47	7/2	DEGREE TITENDING PHYSICIAN Memo	STAFF DIRECTOR PHYSICIAN Derial Hospital perland, MD 2150	6/7	auses stated
274 PHYSICIAN NAME THE Dr. Raver	23b. DATE	7) / L	DEGREE TITENDING PHYSICIAN Memo Cumb OF CEMETERY OR CREMATORY	AFFICAL STAFF DIRECTOR PHYSICIAN D Drial Hospital Derland, MD 2150 23d LOCATION CITYOR TOWN	DATE DATE	auses stated
274 PHYSICIAN NAME DIR. Dr. Raver 278 BURIAL, CREMATION, REMOVA (SPICE) Burial	23b. DATE	7) / L	DEOREE TITENDING PHYSICIAN Memory Cumb	orial Hospital perland, MD 2150 33d LOCATION City or rown Frostburg, Ge	2 COUNTY M	7/81 D STATE



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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law responsibility that he destiticate be executed within 24 haurs after decreased by the hospital an attending physician.	TO FUNERAL DIRECTOR. After this certificate has been dand by the attending physician and completely filled in by the fune should be detached for use as the burial-transit permit. The peace remove carbon papers. Pages 1 and 2 shalld be filled within with the State Dept of Health and Mental Hygiene prior to burial, command, or removal.	IMPORTANT: If Hem 21 is marked of Hem 148 shows any injury, or other traumatic event, the medical examiner mast-be notified at
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	27.0	P P	e no
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	FOR SCARFELLI FUNERAL TO DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 108 VIRGINIA AVE. 108 VIRGIN	6 8 3								
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neral dir.	7a. Bl	CULTURE		MARRIED WEVER MARRIED	-					
by the further within a month of the	6	Cumberland	(IF NOT IN SUCH FACILITY, GIVE STREET SACRED HEART	TADDRESS) HOSPITAL	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY OWN home				
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ampletely 2 st	14 FA		William N. McBride ASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS MTS. 701da L. Huffman, Short							
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or great by the attending phy The please remore carbon por rise build, cremation, or remo injury, or other traumotic even	ION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE COLORS OF THE CONSEQUENCE COLORS OF THE CONSEQUENCE COLORS OF THE CONSEQUENCE COLORS OF THE COLORS O	JENCE OF VENTRICUI		IN PART Tro				
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he haspital ar at a part of the part of Health of Dept of Health of the mark		22a. I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did/)(did no 27b, SIGNATURE	of i view the body after death.	DEGREE ATTENDING	MEDICAL STAFF	that (I) (we) lost and from the couses stated 27c DATE SIGNED 6 20 - 8 7				
should be deto with the State			ELANDIA, N.D.	224 SETON D	R., CUMBERLAND, ME					
BP		Burial, cremation, removal SPECIFY) Burial	25/1/2007	avis Memorial Cemet	cery Cumberland	Allegany MD				
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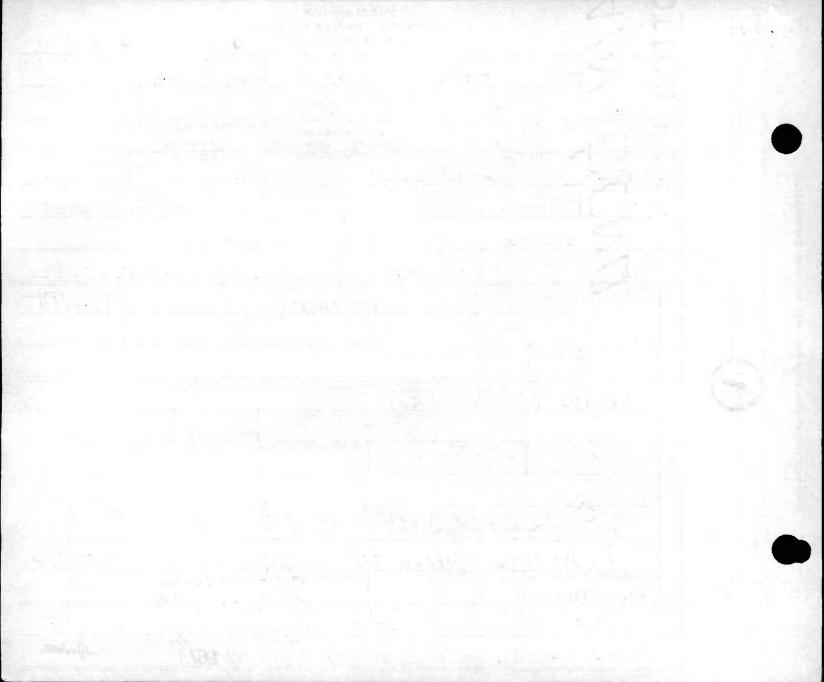
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DHMH - 16 60M 7/B4 (VRA 15, 4)

James F. Scarpelli, Cumberland, MD 21502

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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STATE	OF M	ARYL	AND

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D Committee	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTIO	N, GIVE RESIDENCE BEFORE	ADMISSION)				erner	L-BIII
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111	-	ATHER'S NAME			and	15. MOTHER'S MAIDEN NA		dson	DC.	2150
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med	(YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	705-05-	5260	Hilda Coor	er Cumber	hand	MD	
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à	CERTIFICATION	19a. DATE OF OPERATION	19b CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
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ked or Item	MEDICAL	21d INJURY OCCURRED		OF INJURY	19	21f LOCATION				
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21 is		sow the deceosed alive	on I wil	h 19), ar	nd that in (my) (our) opinion (death occurred on the de	ate and haur (and fram the c	causes stated
e a		abave, (I) (we) (did) (did 22b. SIGNATURE	not) view the bad	y after death.		DEGREE			22c DATE S	
If Item		1 mores 1 h	MIN			ATTENDING _	MEDICAL STAI		1 1	1)
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IMP.	22.	NIDIAL COSTANTION STATE								
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7/84	24 FI	UNERAL DIRECTOR		ADDRES5		1	E REC'D. BY REGISTRAR	1		
)		William G.	Kight (Cumberla	nd,	MD J	UN9 1987	Julia D	widon-	Kandall

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Buring Jun. 8, 1997 ht. Zion Cometery BhaneysvilleDedrord Parilliam G. Kight Cumberland, hp

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02/2/3 0	UN 22	L XTATE	F HEALTH AND MENTAL HYC TIFICATE OF DEATH	8 /REG. NO. 5 6 8 6
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oy the fu	0	Cumberland SACRED HEART HOSPI		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE 126 KIND OF BUSINESS OR INDUSTRY OWN home
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BALTIMORE, tote be execut ysicion and co opers. Pages 1 vol.		(YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 215-26-6763	Mr. Dewey D.	Thompson, Cumberland, MD-husbar
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A Share		77% SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF
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	5/	V.RUAL FELIPA. MD	925 RISHOP	WALSH DRIVE, CUMBERLAND, MD 2150
0 8 5 8 3		30 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME C	F CEMETERY OR CREMATORY	23d LOCATION
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24	REGISTRAR					REG. NO).			
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()	YES, NO OR UNKNOWN) (IF YES	S. GIVE WAR ON DATES)	232-26-3	3770	Mary Hous	se 69Moz	zelle	≥ St	.Ke	ysei
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24 FUNERAL DIRECTOR NAME Allen Rotruck

Keyser, W.Va.

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been lighted by the attending physician and completely filled in by the funeral director, page 3.	UNISION OF VIEW RECORDS, 201 M. FRESTON ST., BALLIMORE, MARIEN CLASS
erained by the haspital as afterding physician. TO FUNERAL DIRECTOR: After this certificate has been updated by the attending physician and completely filled in by the funeral director page 3.	10SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 mis
TO FUNERAL DIRECTOR: After this certificate has been stated by the attending physician and completely filled in by the funeral director, page 3	ned by the hospital or attending physician
THE PARTY OF THE P	TO FUNERAL DIRECTOR. After this certificate has been signed to the attending physician and completely filled in by the funeral director, page 3. Thought is filed within 72 hours after death
	IMPORTANT: If Item 21 is marked or Item 18 shows any humb of whee traumants event, the medical examines the Robbed of order.

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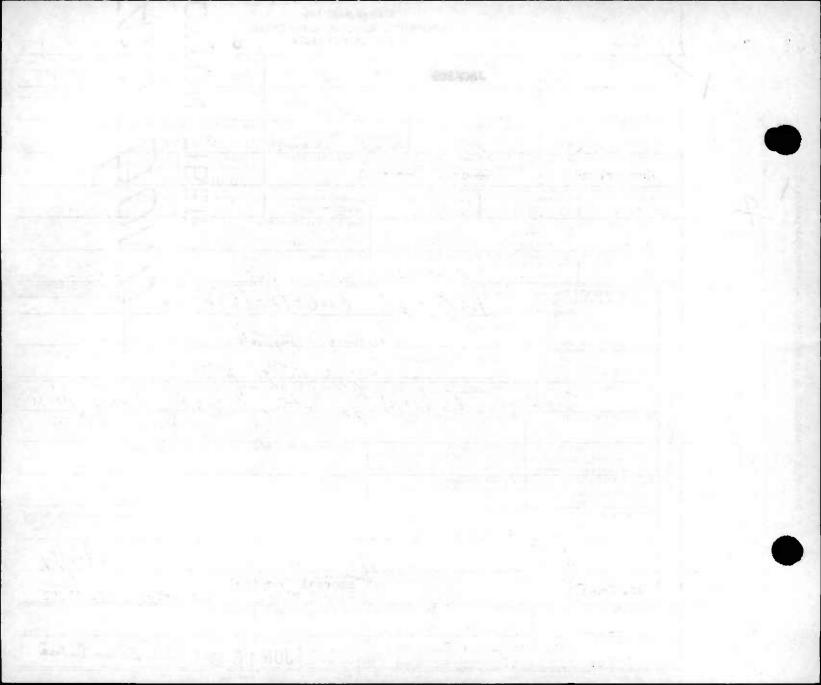
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		-	Dr Ranj	than				Medical Bld	spicar Cumb	erland,	Md	21502
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	/		o nartill	JIC F	IVE. C	umperia	110.	VIII / 1511200	· · · · · · · · · · · · · · · · · · ·	U		



		st Funeral Home Frost Avenue DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	SIENE	
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meral di	Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED X	Allegany County	
offer d	O CITY OR TOWN OF DEATH Cumberland	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET Sacred Hear	NG HOME OR OTHER INSTITUTION ADDRESS) T Hospital	120 USUAL OCCUPATION (TYPE WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INCUSTRY Home
AND 212	Maryland Al	e OR OTHER INSTITUTION GIVE RESIDENCE BEFOR DUNTY 13t. CITY OR TOW 12t. CITY OR TOW	N 13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 100 Frost VI	llage, 21532
MARYLAND ed within 24 ed within 24 not should exolution mut	14 FATHER'S NAME FIRST James	Model Weir	Offive	WIDDIE	insel ^{last}
BALTIMORE, cote be executed by skicon and coppers. Pages 1 vol.	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SECU GINE WAR OR DATES) 220487		Broadwater, Lor	l, Box 50 naconing, Md.
RECORDS, 201 W. PRESTON ST., low requires that the death certification of the ottending plus of the beneficial process. In the please remove corbang price to burial, cremation, or remover as any injury, or other troumotic events.	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	my pitry dise	MINAL DISEASE OR CONDITION GIVE	en in part to
L REC	DATE OF OPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	YING CAUSES OF DEATH?
NG PHYSICIAN: The ottending physicion fifer this certificate has steep thought on the buriol-transit proof when the burious proof when t		DEATH HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P)	
IVISION IG PHYS oftendin of ter this of ter this of the burn of t	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION STREET	-CITY OR TOWN	COUNTY STATE
AL OR ATTENDI the hospital or the DIRECTOR: A tetoched for use tet Dept. of Heal	saw the deceased alive	Not view the body after death.	, and that in (my) (our) opinion DEGREE ATTENDING	medical STAFF DIRECTOR PHYSICIAN	ond from the couses stoted 22c. DATE SIGNED
TO HOSPIT. retoined by TO FUNER, should be d with the Sto	Dr.	Jesus Tan	Frostburg NAME OF CEMETERY OR CREMATORY	Plaza, Frostburg,	Md. 21532
BP	(SPECIFY) Burial		ak Hill Cemeter		llegany, Md.
	24 FUNERAL DIRECTOR		250 DA	TE RECTO BY REGISTRAR PARTY	PARTS SHOWN AND THE SHOWN
DHMH - 16 60M 7/B4 (VRA 15, 4)	Durst Funer	ral Home, Frost	burg, Md.	IN 30 1097 Julia D	Curgation Constraints

SEELE A SERVICE ANE: TO THE LOW BRANTI e in the second of the second Z Allegany County

in hordered from reach supplied colours of the Start angual May Property and I generally specially building a March and Mar

James James Olive To History AL CALLERY COLUMN COLUM

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the first our constants of the best times, our first times.

And the court indeed to be the court of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other traumatic event, the medical

STATE OF MARYLAND

EPARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE
CE	RTIF	ICATE	OF	DEATH	
			_		

TREG. N	10.	5	6	9	
E OF DEATH	MONTH	DAY	YEAR	26 HC	OUF

1.	REGISTRAR				CERTIF	ICATE OF DEATH	8	REG. NO.	5 6	9	3
	CEASED NAME	FIRST	A	AIDDLE	1	AST	20. DATE	OF DEATH MONTH	DAY YÉA	26 H	OUR 5
	-	ESTER	MC	SCOW	WIL	SON	-	June 30.	. 1987	4:	50 PM
3. SE	X		4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I Y	YEAR IF UNE	DER 24 HRS
	male		wh	ite	MOINI	01-30-1908		79 YF	RS.		, Miles,
	IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8.	D NEVER MARRIED	9. BALTIA	AORE CITY OR COU	NTY OF DEATH	Н	
	MD		U	SA	WIDOWE		1	llegany			MD.
10. C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NUR		ROTHER INSTITUTION	12a USUA	AL OCCUPATION		D OF BUS	INESS OR
(Cumberland			al Hosp				ired mech		railr	oad
USU.	AL RESIDENCE (# NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)	13d. INSIDE CITY LIMITS		T ADDRESS / ZIP C		- 13	
	MD	All	egany	Cumbe:		YES NO		6 Marion		21502	>
14. FA	ATHER'S NAME		MIDDLE	1AST		15. MOTHER'S MAIDEN	NAME				
	1 1 1 1	Charl	es M. W	ilson		FIRST	Maude F	Bowman		LAST	
	WAS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17. INFORMANT		ADDRESS			
{	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	217-10	-5188	Mr. Carl L	. Wilso	n - Ridae	lev. WV	- so	n
	18 CAUSE OF DEATI	H (Enter an	ly ane cause per	line far (a), (b),	and (c).)					PROXIMATE IN	TERVAL ND DEATH
	PART I. DE ATH W	AS CAUSE	/	CARDIO	RES	PRATOR	4 PAR	LEST	MA	1501	ATE
				R AS A CONSEC	DUENCE OF		(
	Conditions, if any,	which	(b)_	YEARAS	TATO	C BLADD	ER.	CANCE	R 9	- Wo.	NUK
	gave rise to imn cause (a), statin	nediate ig the	DUE TO OF	R AS A CONSEC	UENCE OF						
	underlying cause	last.	(c)_	. , , , , , , , , , , , , , , , , , , ,	oerree or						
7	PART 2. OTHER SIGN	NIFICANTO	CONDITIONS CO	NTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TI	ERMINAL DISE	ASE OR CONDITION	GIVEN IN PAR	T Ira	- 7
OT	COKON	MUY	HK15	7824 B	XSE	*3E					
CERTIFICATION	19a. DATE OF OPERAT	TION /	19b. CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AL		FYES, WERE FIN RTIFYING CAU		
RTIF							YES [NO [YES 🗌	NO	
	OR CONTRIBUTING	_		FINJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR PART	[2]	
CAI	(IF EITHER, NOTIFY MEDIC	CALEXAMINER	P./		19						
MEDICAL	21d. INJURY OCCURE		21a. PLACE (OF INJURY EET, FACTORY, OFFIC	E, FARM ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	r	STATE
	AT WORK NOT WH	RK RK			110		00	1/2	8 -	-	
	22a I certify that (1)		tal) attended the	e deceased from		, 19	0 (, to_	0/30			(we) last
	saw the decease above (I) (we) (e	hd alur off hd (hd no	view the body	often death.	3F, or	ed that in (my) (aur) apin-	ion death accu	rred on the dote and	hour and from	the causes	stoted
	276 SIGNATUREA	110	_	1		DEGREE	. UEDIC		ne b	ATE SIGN	0
	101	M	un	Lum	MU	ATTENDING PHYSICIAN	DIRECTO	STAFF OR PHYSICIAN	19/	30/8	7
	114 PHYSICIAN'S NA	AME ITHE	R PRINT;			22e. ADDRESS 47 T	/iroini	a Avenue		,	-
	Dr. W.	Lamm				Cumb	erland	, MD 21502	2		
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23	c. NAME OF C	EMETERY OR CREMATOR		CATION	4.000		67.75
	Buria	1	07-03-	-1987 H	Hillcre	st Burial Pa	ark Cu	mberland	Allegar	nv M	STATE
24. FI	UNERAL DIRECTOR					25a. I	DATE REC'D B	1987 AR 256 REG	GISTRARISSIG	NATURE	
	James F.	Scarp	elli, Cu	umberlär	id, MD	21502	UL UU	1001			

DHMH - 16 60M 7/84

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(VRA 15, 4)

James F. Scarpelli, Cumberland, MD 21502

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

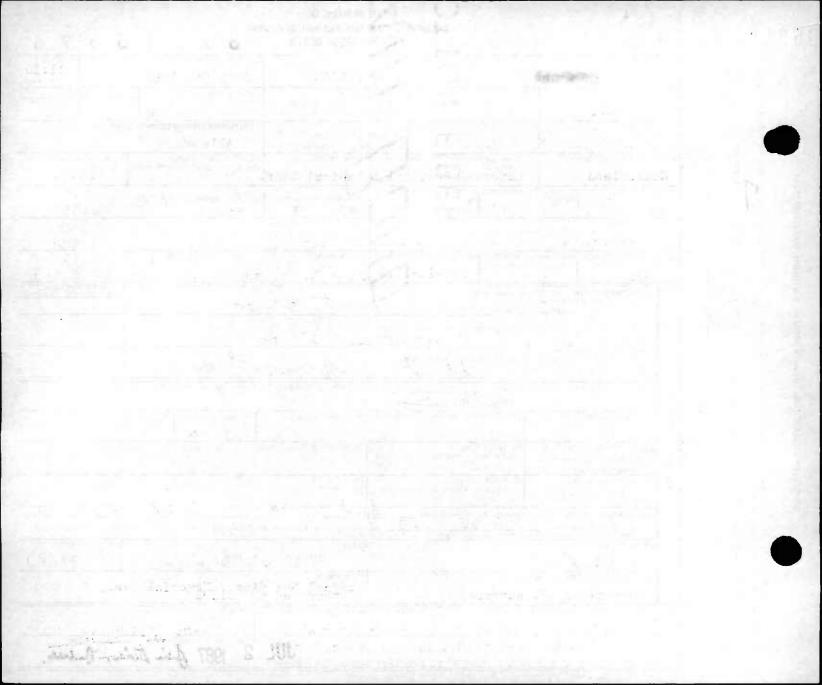
8	REG. N	10.	5	6	9
DATEO	F DEATH	MONTH	DAY	YEAR	26 HOL

-		FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGI	IENE 8	7	1 0	5 6	9	دا
	1 DEC	CEASED NAME FIRST		MIDDLE		AST	2- DATE OF	REG. NO.	TH DAY	YEAR	Tot HOUD	-
		OSBOTA	ć.	NMN		WILSON	- 30	28, 19		TEAR	26 HOUR 11:	20 A M
	3. SE)		4 RACE	211111	5. DATE C			EARS LAST BIRTHDAY		NDER 1 YEAR	IF UNDER 24	_
	. 02	Male	Whi	te	Marc	h 14,1965	82		YRS.			MIN.
-		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED 💆	9. BALTIMO	RE CITY OR CO		DEATH		
)		ryland	U.	S.A.	WIDOWE		A1:	legany				MD.
7	81.5	TY OR TOWN OF DEATH umberland	(IF NOT IN SU	CH FACILITY, GIVE STREET	IG HOME C	Medical Cntr	120 USUAL C	CCUPATION FOR MOST OF WOR	RKING LIFE)	126. KIND C INDUSTRY Farit	F BUSINES	
5	13a S	ALRESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION		ADMISSION)			ADDRESS / ZIF	·		555	
10	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM		MIDDLE		lA5		
6	1	Warfield		Wilson		Mary		R.		McBr	ide	
1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ARPD	1	Box	49	
1		No		217-10-	1124	Fern E. Wil	son	Oldt	own,		2155	
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		r line for (a), (b), and	d ICI.I	2011 20	4			BETWEEN	MATE INTERVA	ATH
47		IMMEDIA	E CAUSE (o)	cuma	_ /	VWO!	V					
		Conditions if a 111	DUE TO, O	R AS A CONSEQUE	-	20 A						
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	PICE OF	and the same	20	6				
	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE	OR CONDITIO	ON GIVEN	IN PART 1	0	
2	CERTIFICATION	19a DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO		CERTIFYIN		OF DEATH	?
7	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A	DF INJURY .M. MONTH DA .M.	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NAT	TURE OF INJURY IN I	TEM 18 PART I	OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F.		211. LOCATION STREET	HE.	CITY OR TOWN		COUNTY	STA	TE.
		AT WORK NOT WHILE AT WORK				1 1 00		/	0	0-		
		22a.1 certify that (1) (this haspi saw the deceased alive an above (1) (we) (did) (did no	6-	28 196	7-7	d that in (my) (aur) apinion d	, to	d on the date o	nd hour on		that (I) (we causes state	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		22b. SIGNATURE	II view the body	differ death.		DEGREE		A. T. L.		22c. DATE	SIGNED	_
		1 Sang	•		34145	ATTENDING PHYSICIAN	MEDICAL DIRECTOR (STAFF PHYSICIAN		6 -	29-9	3)
		22d PHYSICIAN'S NAME (TYPE O Robustiano J	. Barre	ra, MD		Medical Build Cumberland	ding	Memori 502	al Av	e.,	155	
	23a. B	URIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d. LOCA	TION				
	(Burial	6/30			Methodist	018	town	7110	YTANG	MD	TE
	24 FU			ein Eune		Homo T MADATE	E REC'D. BY RE	GISTRAR 256.7	REGISTRAR	gany SEGNAT	URE	
	23	0 Baltimore	Ave.	Cumberla	ind.	MD 21502	2 19	187 Aug	Dune	br. B	des	
				The second secon	- A - A - A - A - A - A - A - A - A - A	444		2,				

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumotic event



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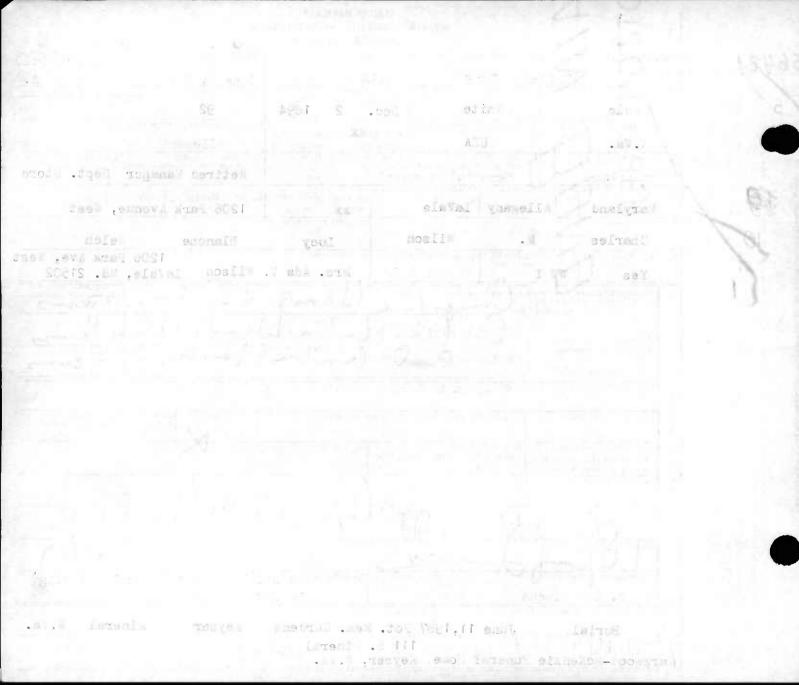
STATE OF MARYLAND

8	REG. NO.	5	6	9	2
	-	7000		-	

	1-	STATE REGISTRAR		DEPARIN		ICATE OF DI		8	REG. NO.	1 5	6	9	5
ı		CEASED NAME FIRST	A	NODLE	C)	AST		2a. DATE C	FDEATH MONTH	DAY	YEAR	2b. HOU	9:20
1	101	WILI	IAM LY	LE	WIL	SON		June	9, 1987				Ам
1	3. SEX	X .	4. RACE		5. DATE C				YEARS LAST BIRTHDAY)	IF UND	DERTYEAR	IF UNDER	24 HRS
1		Male	Whi	te	Dec.		1894		92	RS.	DATS	HOURS	MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	VHAT COUNTRY?	8.	NEVER M	* BBIED	9. BALTIM	ORE CITY OR COL	JNTY OF D	EATH		
	1	W. Va.	U	SA	WIDOWE		ORCED		Allegany				MD.
1	V.	ty or town of death umberland	(IF NOT IN SUCI	OSPITAL, NURSIN HFACILITY, GIVE STREET / rial Hosp	ADDRESS)	OR OTHER INSTI	TUTION	(TYPE OF WO	OCCUPATION RK FOR MOST OF WORK I red Man	ING LIFE) IN	Dept	BUSINE	
8	130 S	-		GIVE RESIDENCE BEFORE 13c. CITY OR TOW TaVale			NO 🗌	120	ADDRESS / ZIP (, Wes	15 st	02
ă	14 EA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S	MAIDEN NAA	ΛĒ	WIDDLE		LAS		
7	,	Charles	M .	Wilson	1	Luc		B1	anche		elch		
1		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMAN			ADDRESS 1				
		Yes WW		232-01-1	.368	Mrs.	Ada V.	Wils	on Lav	ale, l	APPROXI		
	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OF	9-	Q OF	NOT RELATED	TO THE TERM	S de	SE OR CONDITION	N GIVEN IN	PART 1cc	e	<u>ラ</u>
2	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUT		IF YES, WER ERTIFYING YES []			TH?
5	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJ		ED (ENTERN	HATUR OF INJURY IN ITE	M IS PART I O	R PART 2)		
	MED	21d INJURY OCCURRED WHAL NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC	ATT LOCATION	6 -)	STY A TOWN	C	OLANT	1	Late
		22s.I certify that (1) (this has saw the discount of we above (1) (fin) (did) (did			, or	nd that if (my) (, 19aur) apinian #	Seath occurr	red on the date on	d hour and	from the	0	we) lost
		776 SIGNATORN	1		TENDING HYSICIAN	MEDICAL DIRECTO	STAFF	2	49	(C)	1		
		274 PHYSICIAN'S NAME (11)	Co James			22e ADDRESS	Memor	ialHo	spital Mo	edical	Bui	ldir	ıg,
		Dr. Guy Fis	scus						, MD 2150				
		BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. N	IAME OF C	EMETERY OR C		23d. LOC			NITY		TATE .
	1	Burial	June	11,1987	Pot.	Mem. Ga	rdens	Ke	vser	Mine	ral		Va.
	24/14	MERACPIRECTOR W.	nellan	Home I	11 S.	Minera	1 25p 1971	E REC'D. BY	REGISTRAR 256. RI	EGISTRAR'S	SIGNAT	URE	
	Ma	rkwood-McKenzi	e Funera	Home F	eyser	, W. Va.	JUN	121	387 2	, 1000-00	S. Man		F

DHMH - 16 60M 7/84 (VRA 15, 4)

to FUNERAL DIRECTOR, a should be deteched for use with the Stote Dept, of Hea MADRIANT # H



STATE OF MARYLAND

		FOR		DEPA	RTMENT OF	HEALTH AN	ND MENTAL	HYGIEN	E				
COC III		STATE REGISTRAR		MEDIC	AL EXAMI	NER'S CER	TIFICATE	OF DEA	TH7	REG. No.	-	lan	0 4
0.0.0.000	I. DE	CEASED NAM	AE FIRST	MIDD	lE.	LAST				NOWN	MONTH	DAY	YEAR 25 HOUR
MANAGE	{TYP	E OR PRINT)	Evelyn	I		TA	Volfe	- 1	OF DEATH A	ESTI-	. 6	30 19	87 7 a.
A CHOR	1. SE)		4 RACE	5. DATE OF BIRTH			TYR. IF UNDI	ER 24 HRS	2c DATE	XX	MONTH	DAY	YEAR 2d HOUR
NA SEC	Fei	nale	White	May 28, 191	AR LAST BIRTH	DAY1 AUCINITIES	DAYS HOURS	MIN.	PRONOUNC		6	30 8	
ALD ALD	7n. B1	RTHPLACE	STATE OR	76 CITIZEN OF WHAT C		10			9. BALTIMO			- 17	M
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NEW S	6	TY OR TOWN		11. NAME OF HOSPITAL	NURSING HOA			1					OF BUSINESS
10 mag 20 0		ımber.		Rt. #	Box	80 A		FORA	t Boo	NG LIFE)		OR IN	DUSTRY
AND		TATE	13b COUNT Fre	ROTHER INSTITUTION, GIVE RESK IY 13c. Sno - F1	CITY OR TOWN	13d.	INSIDE CITY LIMITS?		S8 Ea		100	7 9	9999
10 mm	14; F/	THER'S NAM	NE .				MOTHER'S MAI	DEN NAME	MID.		Lite	-	22121
58927	2	Ira	Le	MIDDLE	Mankin	S	Edna		M		C	conne	
2020 Z		VAS DECEAS	ED EVER IN U.S. ARA		SOCIAL SECURI		NFORMANT		•	ADDRESS,		Ollife	ž uliu pliu
A PARTE S	(4	ES, NO, OR UNKN	(IF YES, GIVE V		5-01-0	132	Patric	ia I.	Wol	fe Ci	ımbe	rlan	d MD
SW DING		18 CAUSE	OF DEATH (Enter and	y ane cause per line far (a			2 0 0 2 2 0	24 2	, ., .	26 01	AIIIDC	APPRO	XIMATE INTERVAL
S S S S S S S S S S S S S S S S S S S		PARTIC	FATH WAS CALISED	BY: E CAUSE (o)M		1 Infar	ction					BETWEEN	ONSET AND DEATH
25 0 M P P P P P P P P P P P P P P P P P P			MMEDIAI	DUE TO, OR AS A									
EE SE S	-		ans, if any, which	0.5	arterio	eclarot	ic hear	+ die	A25A				
SAN			rise to immediate a) stating the <u>under-</u>	DUE TO, OR AS A			TO INCUL	c ars	case				
N A A A	19	lying co	ouse last.	(6)									
A SE S S S S S S S S S S S S S S S S S S		PART 2 OTHER	SIGNIFICANT CONDITIONS (ONTRIBUTING TO DEATH BUT NO	RELATED TO THE TEN	MINAL DISEASE OR C	ONDITION GIVEN IN	PART 1 (a).					
S A A S A S A S A S A S A S A S A S A S	20	100											E 173 1
DE WAR	CERTIFICATION	19a DATE O	FOPERATION	196. CONDITION	OR WHICH OPE	RATION WAS P	ERFORMED?					20 AUTO	OPSY?
SEE SEE	M											YES	□ NO Stx
E SE	SE SE		IAL CAUSE WAS	216. TIME OF INJU		21c. HOW I	NJURY OCCUR	RED LENTER P	NATURE OF INJUR	RY IN ITEM 18 PA	ART 1 OR PAI		
540988 S		UNDERLYIN	IG □OR TING□CAUSE OF D	HOUR A.M. MO	NIH DAY YEA	AR							
E SE L	MEDICAL	214 INTILIPY	OCCUPPED	21e PLACE OF IN.		21f. LOCAT	ION						
ARB ARB	£	WHILE AT WORK	NOT WHILE C	STREET, FACTORY, FA	RM, ETC.)	STREET			CITY OR TOWN	1	COL	UNTY	STATE
THE TANK				(A) 1 9			7			7			
A ZOSEA		- N		e of the remains described				ian 🔽 .	Inquiry		d in my ap	inian	
REC BE		death resu	Ited from: Nature	al causes 丛, Accid	dent L, S		Hamicide	Undete	ermined than	ner [],			
\$50500		ACTUAL	V Non	, lelo 1	200		TITLE (SPECIFY)				DATE	6-	30-87
A SHO NERAL NORE,		SKIMATURE	1	- Jo au	-	M.D	Deputy	MED	ICAL EXAMIN	4ER	SIGNE	0	
S S S S S S S S S S S S S S S S S S S		EXAMINER'S	S NAME GIOT	vanni Mastra	ngelo, M	1.D.	900 PRESS	Seton	Drive	. Cum	berl	and,	MD 21502
PAGE TO	23a B		ATION, REMOVAL 2		23c, NAME OF CI	ADD	WESS		CATION				
00	15	Buria		ul. 2, 198				CITY	eyser	Min	not-	al W.	STATE
A (A) (B)	24. F	JNERAL DIRE	CTOR				2Sa. DAT	E REC'D. BY	REGISTRA		CONTRACTOR	INNAIUE.	Va.
DHMH - 17 (VF.A1 ME (5))	W	illia	am G. Kic	ght Cumbe	rland,	MD	JU	06	1987	Julia	Durid	woni Ru	della

BP Q7/B4 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120

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during out. 2, 1987 when Point des. Jumberland Allegany My

DURST FUNERAL HOME

THE STATE OF STATE OF THE STATE alle Sign office of the Proposition of the contract of onomico chimes that the two to be from SERVED ALLEGERY PROSESSES OF SERVED BELLINES NAME OF STREET STREET of the condition of the state of the state of the state of

PALE TO THE PROPERTY OF THE PARTY OF T

DHMH - 16 60M 7/B4

(VRA 15, 4)

FOR

5	STA	TE OF M	ARYL	AND	
ARTMENT	OF	HEALTH	AND	MENTAL	HYGIE

DEP	ARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
	CE	DT	FICATE	OF	DEATH	

+		REGISTRAR				CERT	IFICATE OF DEATH	8 4	REG. NO.	5 0	. 9	3
		CEASED NAME	FIRST		MIDDLE		LAST	2a. DATE OF DE	АТН МОМТН	DAY YEAR	2b. HOU	JR į
L	(TTPE	ORPRINT	Male	tta	Μ.	Yates		6/26	/87		4;15	sa M
3.	. SE>	X	4	. RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS		24 HRS
L		Female		White	2		020212	76	YR	is.		
7.		RTHPLACE (STATE OR F	OREIGN 7	. CITIZEN OF	WHAT COUNT	RY? 8.	IED NEVER MARRIED	9 BALTIMORE	CITY OR COU	NTY OF DEATH		
1		Maryland		United		WIDOV	WED X DIVORCED		All	eg. Co.	- 193	MD.
H	0. CI	TY OR TOWN OF DEA		(IF NOT IN SUC	H FACILITY, GIVE S	TREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OC			OF BUSINE	ESS OR
1		Frostburg					Hospital	Homema	ker .	Own	Home)
511	3a. S	AL RESIDENCE (IF NURSI STATE	136. COUNT	Υ	13c. CITY OR 1	OWN	13d. INSIDE CITY LIMITS?	13e.STREET ADE			32	
_		yland	Alle	g.	Fros	tburg	YES NO		ox 268,	Frostbu	irg, N	MD
1	4. FA	ATHER'S NAME FIRST	M	IDDLE	LAST		15. MOTHER'S MAIDEN N. FIRST		IDDIE	L	AS1	
1		Charles			neast		Mary	A.	ADDRESS 7	Pape	-	
ľ		VAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR OATES)		ECURITY NO.	. 17. INFORMANT		ADDRESS I	42 Gree	n St	5.
		No			217 1	0 5939	Henry N.	Yates,	Frost		Id.	
		18 CAUSE OF DEATH PART I. DEATH W	H (Enter only	one couse per BY:	line for (0), (b	and (c).1				BETWEEN	NUMBER AND	DEATH
1			IMMEDIATE		-	And	Myo, con	is or	frul			
Т				DUE TO, O	R AS A CONSE	OUENCE OF	1-1-					
1		Conditions, if ony, gove rise to imm		(b)		Corr	way when	Dr 5	Lan			
1	7	couse (a), stating underlying couse		DUE TO, O	R AS A CONSE	OUENCE OF						
				(c)								
	Z	PART 2. OTHER SIGN	AIFICANT CC	DADITIONS <u>Ct</u>	JNIKIBUTING	TO DEATH BU	UT NOT RELATED TO THE TER	WIN AL DISEASE O	K CONDITION	GIVEN IN PART I	10	
1	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	ITION FOR WH	HICH OPERATI	ION WAS PERFORMED	20a AUTOPS	Y? 20b. IF	YES, WERE FIND	INGS USE	D
	IFIC							YES N	IN CE	RTIFYING CAUSE YES	S OF DEAT	TH?
	ERT	210. ACCIDENT WAS UND	DERLYING	21b. TIME C			21c. HOW INJURY OCCU					
		OR CONTRIBUTING C		,	M. MONTH	DAY YEA						
	MEDICAL	21d. INJURY OCCURR		21e. PLACE	OF INJURY		211 LOCATION					1,19
	WE	WHILE NOT WH	ILE	(AT HOME, STI	REET, FACTORY, OF	FICE, FARM, ETC)	STREET	C	ITY OR TOWN	COUNTY	5	STATE
1		22a. I certify that (I)		l) ottended th	e deceased fro	om		, to			, that (I) (s	we) lost
Т		sow the decease above, (I) (we) (d	ed olive on_	viou the body	offer death	9	and that in (my) (our) opinion	n death occurred o	n the date and	hour and from th	e couses sto	oted
1		22b. SIGNATURE	na) (dia noi)	view the body	urier deoin.		DEGREE			22c. DAT	ESIGNED	4
		1	long	47	01,		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN			
1		22d PHYSICIAN'S NA	AME (TYPE OR	PRINT)			22e ADDRESS					
1		Dr. Jes	sus Ta	n			Frostburg	, MD 215	32			
2	3a. B	BURIAL, CREMATION,		23b. DATE		23c. NAME OF	CEMETERY OR CREMATORY					
	1	Buri	al	June	29187	Frost	tburg Mem. I	k Fros	tburg	. Alleg		Md
2	4. FL	UNERAL DIRECTOR					25a. DA	TE REC'D. BY REG				
		Durst Fu	uneral	Home	ADDRE	Frostb	urg, MD JUI	06 198	1 duli	a Deviden	Pandas	A

Maryland Lidge Designant

TO LEWING.

Jamiles A. Dancaster Mary A. Bure Green St.

.bk (semutaous (and Y. Vinne) Moutules, Md.

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ingles the cylor Processing and in Proceeding, allowing the

funeral director, page 3 thin 72 hours after death

completery serious services I and Asherida be in

the attending physician and c remove carbonpapers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

ottending physician

etoined by the hospital

BP.

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medical

event, the

or other troumatic

IMPORTANT: If hem 21 is marked or hem

moy

	FOR	DEPARTME	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG	IFNE	
17	STATE REGISTRAR		CERTIFICATE OF DEATH	8 /REG. NO.	5 6 9 9
	CEASED NAME FIRST OR PRINT) BER	NADINE ORFITA	ZEMBOWER	June 9, 1987	2b. HOUR P
3. SE)		LONLITA	5. DATE OF BIRTH		IF UNDER TYEAR OF UNDER 24 HRS
	FEMALE	WHITE	AUGUST 16° 1903		ONTHS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
	PENNA.	USA I	WIDOWED DIVORCED	Allegany	MD.
C	umberland	11. NAME OF HOSPITAL, NURSING (IF NOT INSUCHFACILITY GIVESTREET ADI MEMORIAL HOS	spital	120 USUAL OCCUPATION (TYPE OF WORKEDR MOST OF WORKING LIFE HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY
MA	RYLAND "AELE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AS COMBERLAN	134. INSIDE CITY LIMITS?	RED# 3 BEDFORD RO	DAD 21502
	EMMANUEL	TURNER LAST	SUSAN	MIDDLE (UNK)	NOWN) LAST
	(AS DECEASED EVER IN U.S. AR ES, NO OR HIGHOWN) (IF YES, GIV	E WAR OR DATES)	DALLED THOUSE	ADDRESS	20044 100 15500
		220-28-9	pittip joittelt	RFD# 4 BEDFORD PA	
H	PART I. DEATH WAS CAUSE	ly one couse per line for (01/16), and C D BY: E CAUSE (0)	e leu Kenic	Gesses	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	MALDIA	DUE TO, OR AS A CONSEQUEN	ICROF // /	11.0	
	couse (a), stating the underlying couse lost.				
Z	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMI		N IN PART 1(0)
ATIO	190. DATE OF OPERATION	196. CONDITION FOR WHICH OF	PERATION WAS PERFORMED		WERE FINDINGS USED
CERTIFICATION				IN CERTIFY	YING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c HOW INJURY OCCUR	ED (ENTER NATURE OF INJURY IN ITEM 18 PA	
MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.	19		
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARA	M. ETC.)	CITY OR TOWN	COUNTY STATE
		rol) attended the deceased from	, , , , , , , , , , , , , , , , , , ,		9, that (I) (we) last
	sow the deceased alive on above, (I) (we) (did) (did no	view the body after death.	, and that in (my) (our) opinion d	leath occurred on the date and hour	
	22b. SIGNATURE	The state of the s	DEGREE ATTENDING PHYSICIAN		6/10/87
	Dr Ranjithan	(PR####	Memorial Hos Medical Buil	tal Cumberland	, Md. 21502

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BUR

24 FUNERAL DIRECTOR

23b. DATE 987

23c. NAME OF CEMETERY OR CREMATORY

FGANY MARY AND

FMORIAL PARK CUMBERLAND ALLEGANY MAR 250. DATE REC'D. BY REGUSAR 250. REGISTRAR'S SIGNATURE

